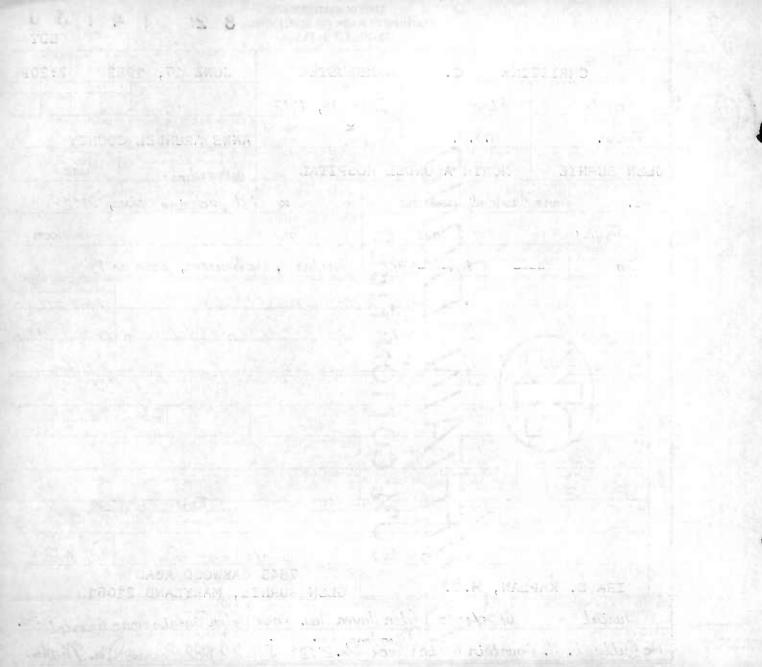
0					STATE OF MARYLAND	0 6	19	4 1 00	
1		FOR STATE REGISTRAR		DEPAR	MENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH		EG. NO.	4 1 2	9
	be oge 3 death	I. DÉCEASED NAME (TYPE OR PRINT)	artha (Heistenson	AMMONS	20 DATE OF DEA		82 10.	30fm
	oge 4 ma	FEMA!	٤ / ١٠٠	White	5. DATE OF BIRTH	6 AGE IN YEARS	YRS.	NHS DAYS HOURS	ER 24 HRS MIN.
	deoth. P	COUNTRY) M	Dr	CITIZEN OF WHAT COUNTRY	WIDOWED NEVER MARRIED	3 ANNE	ARUND	EZ 60	MD.
201	by the file	ANN APOL	is A	NWE ARWAR	Common tox	TYPE OF WORK FOR	UPATION MOST OF WORK IG LIFE)	126 KINDYOF BUSH	JESS OR
AND 21	filled in hould be	130. STATE D.	THE NURSING HOME OF OTH	PER INSTITUTION GIVE RESIDENCE BEFOR		S? 13e. SHEET ADD	35HIWate	W CH	4
MARYLAND	completely 1 and 2 s	THEO DO	DRE CI	4 RISTENS	ON STATE MAINTE		DDLE /	HITH	<i>—</i>
BALTIMORE,	on ond con ond con one one one one one one one one one o	180 WAS DECEASED	DEVER IN U.S. ARMED		17 JAHES C.	Beau Ni	V9 AWW	MOSSHAU POLIS P	ENFD.
201 W. PRESTON ST., BAL	that the death certificate of by the attending physicialesse remove carbonpoperial, cremotion, ar removal.	Conditions, is gove rise to couse (0), underlying	f ony, which o immediate stating the cause lost	DUE TO, OR AS A CONSEOL	ERATORY ARK JENCE OF IA/OMA OF T JENCE OF	CEST THE LUN	6	APPROXIMATE INTO BETWEEN ONSELAN	ERVAL ID DEATH
RECORDS,	he low requires on. hos been signe t permit. Then p	PART 2 OTHE			DEATH BUT NOT RELATED TO THE	200 AUTOPSY	? 20b. IF YES, W	ERE FINDINGS US G CAUSES OF DEA	ATH?
DIVISION OF VITAL	SICIAN: TI ng physici certificate urial-transit temtal Hygi	OR CONTRIBUTIN	VAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH I P.M. 21e PLACE OF INJURY	21c. HOW INJURY OC	YES NO			
DIVISIO	DING PL or atten After thi e as the alth and morked c	AI WORK	NOT WHILE AT WORK	offended the deceased from		22	YORTOWN	COUNTY that	STATE Vive Vive
	R ATTEN hospital IRECTOR: hed for us ept. of He tem 21 is		deceased alive an (we)(did (did not) vi	ew the body ofter death.	ond that (m) (our) opi	nion death accurred an	the date and hour ar		stated
	ERAL e detre detre Stote	22d PHYSICIAI	N'S NAME (TYPE OR PRI	MT (US) XX	ATTENDIN PHYSICIA 22e ADDRESS	MEDICAL N DIRECTOR P	STAFF HYSICIAN []	6/21/	20/
	TO HOSI retained TO FUN should b with the	230 BURIAL, CREMA	TION, REMOVAL 2	NATHANSON 3) DATE / 23)	MAME OF CEMETERY OF CREMA	DR 278 LOCATION		PIUS!	7.
	BP	BUP 1	AL C	123/82 C	EDAR Dun 47	DATE REC'D. BY REGIS	pehis /	S SIGNATURE	D.
	DHMH - 16 50M 1/81 (VRA 15, 4)	TAYLOR 1	FUNERA	L CHAPFEL	HOUAPASMD.	JUN 2 3 198	2 Prances	Kean Wast	hen_

8 8 1 F 1 5 8 Merchant Comment of the second EMAN A MADE NO. - TO COMMON HOUSE YOUR AND STREET Months of the second of the se HAFTHE - 10 111 17 18 33 N. 13 H. The state of the s Edward All Adentify the THE PROPERTY OF THE PARTY OF TH THE RESERVE OF THE PARTY OF THE Marine Marine South and the second of the second Superint of the court of the form The section and Comprehensed to the state of the



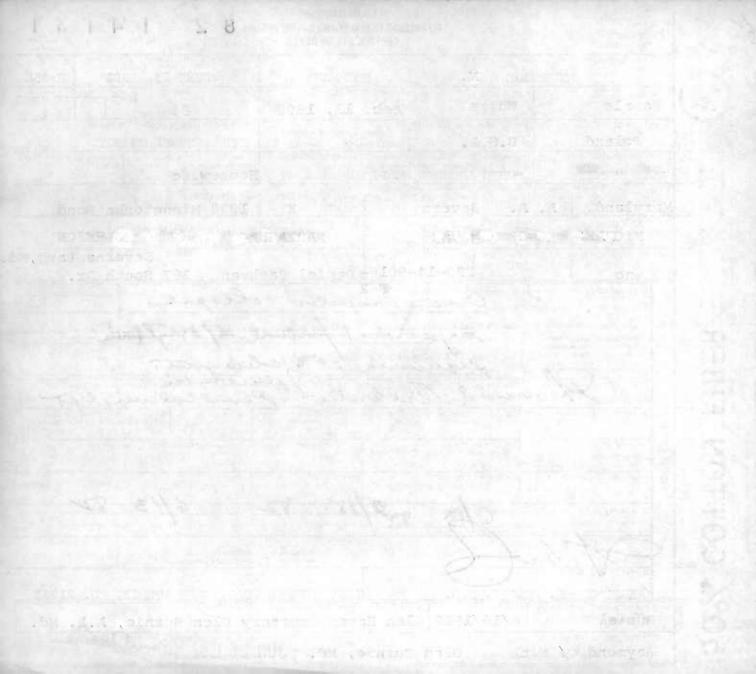
Glen Burnie, Md.

FOR STATE

Raymond C/ Fink

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8



6 9	1	STATE OF MARYLAND		
	1.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 REGISTRAR CERTIFICATE OF DEATH	4 1 3	3
1 (=1)		REG. NO.	DAY YEAR 2b HO	Δ
à à de	3 SE	VICTORIA PENJOUSKY JUNE 5, 19		D: 10M
oge 4 urs ofth	-	EMALE WHITE 9->5-90 91		MIN.
oth. Prerail di	7a. B	COLORADO 76 CITIZEN OF WHAT COUNTRY? WIDOWED ANNE ARUND		
the fun	10. C	ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	126 KIND OF BUS	INESS OR
tin by	USU	GLEN BURNIE NORTH ARUNDEL HOSPITAL TEACHER	ELEM.S	School
filled filled	13a	STATE 136 COUNTY 136 CITY OR TOWN 13d. INSIDE CITY LIMITS? 136 STREET ADDRESS AND YES NO X 10 ST AND	DREWS CI	2055-
ond 2 sh	14. F	ATHER'S NAME HENRY MIDDLE COKA YNE 15. MOTHER'S MAIDEN NAME FIRST UNKNOWNDEN ADDRESS MASS DECEMBED EVER IN HIS ARRED EXPERSES THE SOCIAL SECURITY AND THE PROPERTY OF TH	LAST	
Poges 1		TYPE NOW DECEMBED EVER IN U.S. ARMED FORCES! 100 SOCIAL SECURITY NO. 117 INFORMANT		10
ystoon opers. P vol. t, the m	-	18 CAUSE OF DEATH lEnter only one couse per line for (o), (b), and (c)	APPROXIMATE IN BETWEEN ONSET A	TERVAL
emo even		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Stanchias COPD		
ve corb		Conditions, if ony, which (b) PCVD		
cremat other tra		gove rise to immediate couse (a), stating the underlying couse last.		
buriol, ry, or o		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION	GIVEN IN PART 10	
ny inju	ATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF	YES, WERE FINDINGS US	CED
Shows on	CERTIFICATION		RTIFYING CAUSES OF DE	ATH?
I ®		21a ACCIDENT WAS UNDERLYING 7 21b TIME OF INJURY OR CONTRIBUTING 7 CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 19	. 18 PART ! OR PART 2)	
ond Mentol	MEDICAL	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME STREET FACTOR) OFFICE FARM FIG. 1 STREET CITY OR TOWN	COUNTY	STATE
5 =		WHILE AT WORK ALWORK 220.1 certify that (I) (this haspital) attended the deceased from 6 7 19 86 to 6	10 57 1	
for use of Heol		sow the deceased alive on 19 82, and that in (my) (our) opinion death occurred on the date and obove. (I) (we) (did) (did) (did not) view the body after death.		(we) last stoted
or DIRE		27h. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D	22c. DATE SIGNE	D
Sto de de		27d. PHY SICIAN'S NAME (TYPE OR PRINT MUSTAFA C. OZ. 27e ADDRESS	[6-)	1/2
should by with the	03	Musiafa COZ MBION GOS Bad ISING S	reena p	ark
	250.	BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CONTROL OF THE CONTROL OF	COUNTY Med.	241 46
- 16 50M 1/81 RA 15, 4)	24 F	UNITAL DIRECTOR 250. DATE REC'D. 84 REGISTRAR 256 PS	GISTRAPS SIGNATURES	
	4	went & Jananes sevena fre 1000 1000	W. W.	

8 VICTORIA C. ENUDUSIY OUR B, 1782 10:17 YEAR OF THE WARREN COUNTY Mr. of the commence of the statement of the HE THEFT AND AS THEFT WHEN STEEL . C. . J. MATSUN CHAPTER OF STREET STREET STREET STREET STREET

		FOR	DEPARTA	STATE OF MARTEAND	YGIENE 8 2	4 3 4
	1	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
7.4		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	H DAY YEAR 26 HOURS
deoth deoth		CHARLES	6 6	ERNSTEIN	6/27/82 Ju	INE 10 P
0.0	3. SE	44	RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
	- DI	RTHPLACE (STATE OR FORFIGN 71	White	1 7 06		YRS.
MI		RTHPLACE (STATE OR FOREIGN 71	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALT MORE CITY OR COL	UNITY OF DEATH
SL	10 CI	TY OR TOWN OF DEATH	1. NAME OF HOSPITAL NURSIN	WIDOWED DIVORCED G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b KIND OF BUSINESS OF
10/0	24	NNAPOLIS	FAIRFIELD	DURSING CEN	(TYPE OF WORK FOR MOST OF WARK	INDUSTRY STATE
DA	130. S	AL RESIDENCE (IF NURSING HOME OR O TATE 136 COUNT			? 13e. STREET ADDRESS	
	IA EA	THER'S NAME	4. Hnnapa		151 Glouces	ter St.
A21	4	FIRST	DDLE LAPT	15 MOTHER'S MAIDEN	MIDDLE	LAST
_	IAn V	Naries /AS DECEASED EVER IN U.S. ARM	ED FORCES? 166 SOCIAL SECU	n Carolin	ADDRESS	Muller
medico	1)		WAR OR DATES)	direct Charles	Q . 1.	Norwood Fancy
the m		IN CAUCE DE DE LYU. 5	- 214700° D	1441 William	1 Dernstein	Crownsville MI
ent,	2	PART I. DEATH WAS CAUSED	11 1 2 1 1 1	when Fred	are.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
lic ev		5100 IMMEDIATE		00		
O.M.O.	10	Conditions, if ony, which	DUE TO, OR AS A CONSEQUE	NCE OF Leure	disease	
110		gove rise to immediate couse (a), stating the) 1b)	1000		
orne		underlying couse lost	DUE TO, OR AS A CONSEQUE	NCE OF		
ry, or		PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION	N GIVEN IN PART 1101
ony inju	CERTIFICATION	190 DATE OF OPERATION	The confidence of the confiden			
200	FICA	176 DATE OF OPERATION	148 CONDITION FOR WHICH	OPERATION WAS PERFORMED	_ INC	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
S	ERT	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21r HOW IN IURY OCC	URRED (ENTER NATURE OF INJURY IN ITE	YES NO
9		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DA	Y YEAR	ONCE TENER NATURE OF INJURY IN THE	MIS PARTIORPARTZ)
or nem	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19 211 LOCATION		
	ME	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE, FA		CITY OR TOWN	COUNTY STATE
		22s.1 certify that III (Fig. 10) pilo	Lattended the decement from	5/27 108	2 6/27	19 8 2 , that (1) fuet los
		saw_the decrosed alive on_	6/23 108	2 , and that in (my) (our) opinion	on death occurred on the date and	d hour and from the causes stated
E	18	278/SKSWAZORE	viplighte body after death.	DEGREE		22c. DATE SIGNED/
-		1 18 Mante	100	ATTENDING PHYSICIAN		(2/27/5/2
Z		224_PHYSICIAN'S NAME (TYPE ORP	PRINT)	22e. ADDRESS	DIRECTOR PHISICIAN	1 4/0///
IMPORTAN		Kodne Bi	imball mi	1419 For	est Drive Ar	montes mil
<u> </u>		URIAL, CREMATION, REMOVAL		AME OF CEMETERY OR CREMATOR		חוו, כוו מקציוו
		SPECIFY)	June 30198)	Jedar Bluft	Annapolis	AM AM
/81	24 FL	NERAL DIRECTOR		CCIO. NIVI	THE RESERVE AND PARTY OF THE PA	GISTO
	1	ohn M Taylor	S Jone Annes	patie Mil	UN 3 0 1982 M	well the morally

CIPIC SECTION Le travers of the Part of the Management of the Part of the Contract of the Co

		rgaret C	. Bohle	DICAL EXA	MINER'S	CERTIFICATE O	F DEATH 2	REG. NO.	4 1 3	5
	ECEASED NAME	FIRST		WIDDLE		LAST	20. DATE KN		H DAY YEAR	26. HOUR
- 10		MARGI	DEET	G.	7	chle_	OF E	STI-	=1 100	10
1,54		RACE	5. DATE OF BIRTH	6. AGE	(IN YEARS IF U			MONTH	H DAY YEAR	2d. HOUR
	F	W	MONTH DAY	YEAR LAST	BIRTHDAY) MONT		MIN PRONOUNCE	0 6	21 1082	0
70.7	BIRTHPLACE (STA)	E CH	7b. CITIZEN OF WI	11 70	YRS.		DEAD		190 2	M
	aryland		U.S.			IED INEVER MARRI	ED 🔲	E CITY OR COU		
1_						VED DIVORC			PEL	MD.
18.5	TITY OR TOWN OF	DEATH	(IF NOT IN SUCH FA	PITAL, NURSING H	HOME, OR OTH RESS)	HER INSTITUTION	12g USUAL OCCUPAT	ION (TYPE OF WORL	126. KIND OF BI	USINESS TRY
11	ev PURN	ne	NORTH.		Haspi	teL	Housewife		Home ma	aker
	AL RESIDENCE (#	IN NURSING HOME OF	OTHER INSTITUTION, GI	VE RESIDENCE BEFORE A		had meles else timeses	13e STREET ADDRESS		Trong Inc	21102
	Md.	A A		Baltimo		YES NO D		I Boh. I	Rd. (212	26)
	ATHER'S NAME	A.A	•		20	15. MOTHER'S MAIDE			14. (212)	20)
1	PRES		MIDDLE	LAST					LAST	
164	WAS DECEASED E		eon	McComas	TIDITY NO	Catherin		ADDRESS	Derwart	
	YES, NO, OR UNKNOW	(IF YES, GIVE W	VAR OR DATES)			II. INFORMANT	-	ADDRESS		
	no			216-40-		Melvin E.	Bohle (sam	e as 13	e)	
	18 CAUSE OF I	DEATH (Enter only	one couse per line	for (o), (b) and (c)).)				APPROXIMAT BETWEEN ONS	TE INTERVAL
	PARTIDEA	H WAS CAUSED	BY: E CAUSE (o)	Sphyn	Lie				Julle	
	1953	A		AS A CONTEQUE	NCE OF					
1	Conditions,	if ony, which		0						
		to immediate	(b)	AS A CONSEQUE	NCE OF					
	lying couse		BOL TO, OK	AS A CONSEQUE	NCE OF					
	0.407.0.0		(c)							- 43 - 41
-	PART Z OTHER SIGN	FICANT CONDITIONS C	ONTRIBUTING TO DEATH	BUT NOT RELATED TO TH	E TERMINAL DISEAS	E OR CONDITION GIVEN IN PAR	RT 1 (a),			
CATION							ESLAN PRO			11111
CA	19s DATE OF O	PERATION	196. CONDIT	ION FOR WHICH	OPERATION W	AS PERFORMED?			20 AUTOPSY	?
F									YES 🗆	NO
1 8	210 EXTERNAL		216 TIME OF	INJURY	21c. H	OW INJURY OCCURRE	D LENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR I		-
A	UNDERLYING	OR CAUSE OF D		MONTH DAY	62 - 37	11	1	1. 1	1	
MEDIC	21d. INJURY OC	CURRED	21s. PLACE C		ME. 1211. LO	CATION	from all	ez 19/1		
ME	WHILE D	NOT WHILE	STREES FACT	ORY, FARM, ETC.)	1	greet /	CITY OR TOWN	/	OUNTY	STATE
-	AT WORK	AT WORK	100		1	vinue &	such for	of B	Ho	41)
	22a. 1 certify	hot I took charge	of the remains des	cribed obove, held	on Autop	sy , Inspection	Inquiry E	ond in my	opinion	Physical Co.
	deoth resulted		Zouses .	Accident .	Suicide 🗖		Undetermined monne			
	300	44-	1	Accident LJ,	Suicide [_]		Olidetermined monne			
	ACTUAL G	56	1			TITLE (SPECIFY)		DATI	E 6. 710	5/
1	SIGNATURE	my	acul		M	D. Deput 9	MEDICAL EXAMINE	R SIGN	VED	-
1	EXAMINER'S NA	ME E	1	25 4		1		1 2	1	
Person	TYPE OR PRINT		IUMAG	01 14	D	ADDRESS	su spel	is the	1	
23a.l	SURIAL, CREMATIC	N,REMOVAL 23	b. DATE	23c. NAME O	F CEMETERY O	R CREMATORY	23d. LOPATION CITY OR TOWN	60	S YTAUC	STATE
	Burial		6/24/82	Glen H	aven me	emorial	Baltimor	e	Md	
24. F	UNERAL DIRECTO		o., Md	1225		25a. DATE R		Sb. RECISTRAR'S	SIGNATURE	4-1
C			.H. 4001		Uomree		IN 25 1982	Many	Janlas	The same
-VI	VIET U	COUCE L	TUUT	urrecure.	DEMA		חוות מים ויים	-	1	The state of the s

A THE PROPERTY AND A STATE OF THE PROPERTY OF THE PARTY O A Contract of the Agent A STATE OF THE STATE OF Control of the Levin down to the last t Carried 19 contained to a work your draws. North an entry all of a review Mer-di- No. All the same of th On the first of the following moved not the total of the first of the William Sharp and

Singleton FuneralHome, Glen Burnie, MD

Rebecca

B007E

Jun, 22,82 Glen Haven Mem Pk

DHMH - 16 50M 1/81 (VRA 15, 4)

FOR - STATE

REGISTRAR DECEASED NAME

FIRST

Burial

ALTCE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 4 7 3 CERTIFICATE OF DEATH

20 DATE OF DEATH MONTH

TINE 19.

1982

INDUSTRY

Same as

13

IF UNDER 24 HRS

12b. KIND OF BUSINESS OR

Own Home

Hardisty

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

IF UNDER 1 YEAR

Glen Burnie

COUNTY

22c DATE SIGNED

The state of the English of the H. T. D. LEVER HALLY L. LANGE COLOR H. Chamber Designed To a State of the State of

V & I P I S 8 And allowed the state of the st [발발로 열시되다 경기 시스템 중 경기 등 시 시 시 급증하는 것도 The state of the s and the Later was there was a born that the SAN SELECT AND STREET TO SELECT AND SELECT ASSESSMENT OF THE SELECT AND SELECT ASSESSMENT OF THE A STATE OF THE RESIDENCE OF THE STATE OF THE Children and Children Control of the Control of the

8 2 1 4 1 The state of the second second DE LA COMPANIA LA LA LA LA COMPANIA DE LA COMPANIA DEL COMPANIA DEL COMPANIA DE LA COMPANIA DEL COMPANIA DE LA COMPANIA DE LA COMPANIA DEL COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DEL COMPANIA Land Control of the C AND THE PROPERTY OF THE PARTY O The state of the s Manager of the comment of the commen Manager A. State and the second second of the Manager control of the second of the sec

mpletely filled in by the and 2 should be filled

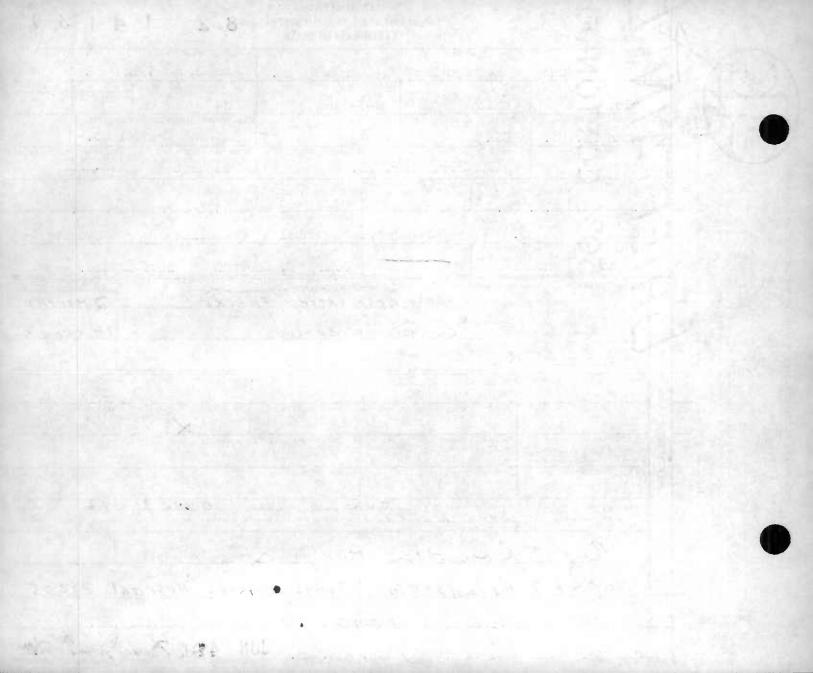
TRAR		DEPAI	STATE OF MARYLAND RTMENT OF HEALTH AND MEN CERTIFICATE OF DEA	TAL HYGIENE 8	2 REG. 1	10.	4	1	3	9
NAME	FIRST	MIDDLE	ŁAST	2a. DATE	OF DEATH	MONTH	DAY	YEAR	2b H	OUR

1	REGISTRAR													
	CEASED NAME	FIRST		MIDDLE	1/	AST		2a. DATE OF	DEATH	MONTH	DAY	YEAR	26 HOL	JR
(I AME		John		Douglas		Carbauh	Jr.	June	3,	198	32			
1/580	Х		4 RACE		5. DATE O			6 AGE IN YE	ARS LAST BIRT	HDAYI	IF UNDER		IF UNDER	_
	male	100	white		1-7	7-1968	YEAR	14		YRS	MONTHS	DATS :	HOURS	N
	IRTHPLACE (STATE OR F	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8			9 BALTIMO	RE CITY O		Y OF DE	ATH		
	Cakoma Pk.,	Md.	USA		WIDOWE	NEVER M.	ORCED T	A	nne A	Arund	del C	0.		
	ITY OR TOWN OF DEA		11. NAME OF H	HOSPITAL, NURSIN	G HOME O	R OTHER INSTI		120 USUAL C	OCCUPATION	NC	12b. 1	KIND OF	BUSINI	ESS
E	Edgewater,		1176	Carrs Wh	arf Ro	1.		(TYPE OF WORK	iden t	F WORKING	LIFE) INDI	USTRY	_	
USUA	AL RESIDENCE (IF NURS		OTHER INSTITUTION	GIVE RESIDENCE BEFOR	E ADMISSION)				2		1			
1	STATE	13b. COUN	a .	13c. CITY OR TOW		13d. INSIDE CIT	NO 🗔	13e STREET A			71 0	5.1		
	ATHER'S NAME	I A.A.	Co.	Edgewa	ter	15 MOTHER'S	X		6 Car	ers W	mart.	Rd.		
	John		D.	Carba	ih Sn	Ma	abel	Ad	elle			Swee		
16a M	WAS DECEASED EVER	IN II S AR		16b. SOCIAL SECL		17 INFORMAN		Au	ADDRE	SS	-	Dwee	ney	_
	YES NO OR UNKNOWN	(IF YES, GIV	E WAR OR DATES)	Tou. SOCIAL SEC	ANTI NO.			mhairh	13.116		0 0 1	2.		
	no	no				John	D. Ca	rbauh	2	same	as 1.			
	18 CAUSE OF DEAT PART I. DEATH W	H Enter on	ly one couse per	line for (a), (b), an	d(c.)						BE	APPROXIA TWEEN O	NATE INTE	DE.
	PARTI. DEATH W		E CAUSE (o)	CARDIE	-102-51	PIRATOI	R- F	BILVE	-			MC	CHE	4.4
	Canditians, if any, gove rise to imm cause (a), stotin underlying couse	, which mediate ng the	DUE TO, OI	R AS A CONSEOU	ENCE OF	FIBRO					1	44	EAR	~
ATION	gove rise to imm cause (a), stotin	which mediate ag the last	DUE TO, OI (b) DUE TO, OI (c) CONDITIONS CO	r as a conseou C S T r as a conseou	ENCE OF	FIBRO	O THE TERM	INAL DISEASE		20b. IF Y	ES, WERE	FINDIN	GS USE	
TIFICATION	gove rise to immoduse (a), statin underlying couse PART 2 OTHER SIGN	which mediate ag the last	DUE TO, OI (b) DUE TO, OI (c) CONDITIONS CO	R AS A CONSEOU R AS A CONSEOU DITRIBUTING TO	ENCE OF	FIBRO	O THE TERM		PSY?	20b. IF YI		FINDIN	GS USE	TH?
CERTIFICATION	gove rise to immoduse (a), statin underlying couse PART 2 OTHER SIGN	, which mediate ng the last	DUE TO, OI b) DUE TO, OI (c) CONDITIONS CO	R AS A CONSEOU R AS A CONSEOU DITTRIBUTING TO ITION FOR WHICH	ENCE OF ENCE OF DEATH BUT	FIBRO	OSIS	200 AUTO	PSY?	20b. IF YI IN CERT	ES, WERE IFYING C YES	FINDIN AUSES	GS USE OF DEA	TH?
AL CERTIFICATION	gove rise to immediate (a), stofin underlying cause PART 2 OTHER SIGN 19a DATE OF OPERA 21a, ACCIDENT WAS UNIT OR CONTRIBUTING	, which mediate ag the last	DUE TO, OI b) DUE TO, OI (c) CONDITIONS CO	R AS A CONSEOU R AS A CONSEOU DITTRIBUTING TO ITION FOR WHICH FINJURY M. MONTH D	ENCE OF ENCE OF DEATH BUT OPERATION	FJBRO NOT RELATED T	OSIS	200 AUTO	PSY?	20b. IF YI IN CERT	ES, WERE IFYING C YES	FINDIN AUSES	GS USE OF DEA	TH?
150	gove rise to immediate (a), stofin underlying couse PART 2 OTHER SIGN 194 DATE OF OPERA 210, ACCIDENT WAS UND	, which mediate ag the last NIFICANT C	DUE TO, OI b) DUE TO, OI (c) CONDITIONS CO	R AS A CONSEOU R AS A CONSEOU DITRIBUTING TO ITION FOR WHICH IF INJURY M. MONTH D M.	ENCE OF ENCE OF DEATH BUT	FJBRO NOT RELATED T	TO THE TERM	200 AUTO	NODE NODE TURE OF INJUR	20b. IF YI IN CERT	ES, WERE IFYING C YES 3 PART 1 OR P	FINDIN AUSES (GS USE OF DEA NO [TH?
MEDICAL CERTIFICATION	gove rise to immediate to immediate to immediate the part of the p	, which mediate ag the last. NIFICANT CONTINUE CANT CONTINUE CONT	DUE TO, OI (b) DUE TO, OI (c) 19b CONDITIONS CC 19b CONDITIONS CO 17H 21b TIME O HOUR A. 21e PLACE	R AS A CONSEOU R AS A CONSEOU DITRIBUTING TO ITION FOR WHICH IF INJURY M. MONTH D M.	ENCE OF DEATH BUT OPERATION AY YEAR 19	F J B R O	TO THE TERM	200 AUTO	PSY?	20b. IF YI IN CERT	ES, WERE IFYING C YES	FINDIN AUSES (GS USE OF DEA NO [TH?
150	gove rise to imm cause (a), softing underlying cause PART 2 OTHER SIGN 19a DATE OF OPERA 21a, ACCIDENT WAS UNED OR CONTRIBUTING (IF EITHER NOTRY MEDICAL CONTRIBUTING OF CO	, which mediate 19 the last 10 to 10	DUE TO, OI (c) DUE TO, OI (c) 19b CONDITIONS CO 19b CONDITIONS CO 19b CONDITIONS CO 21b. TIME O HOUR A. 21e. PLACE. (AT MOME STE	R AS A CONSEOU ONTRIBUTING TO ITION FOR WHICH OF INJURY M. MONTH D M. OF INJURY REET, FACTORY, OFFICE,	ENCE OF DEATH BUT OPERATION AY YEAR 19	FIBRO NOT RELATED TO WAS PERFOR 211. HOW INJ 211. LOCATION STREET	TO THE TERM RMED URY OCCURR	200 AUTO YES RED (ENIER NA'	NO DE TURE OF INJUR	20b. IF YI IN CERT Y IN ITEM 18	ES, WERE IFYING C YES 3 PART 1 OR P	FINDIN AUSES (GS USE OF DEA NO [TH?
150	gove rise to imm cause (a), softing underlying cause PART 2 OTHER SIGN 19a DATE OF OPERA 21a. ACCIDENT WAS UNK OR CONTRIBUTING (IF ETHER NOTRY MEDI 21d INJURY OCCURI	, which mediate 19 the last International Control Cont	DUE TO, OI b) DUE TO, OI (c) ONDITIONS CO 19h CONDI 21h TIME O HOUR A. P. 21e PLACE (AT HOME STE	R AS A CONSEOU R AS A CONSEOU DITTRIBUTING TO ITION FOR WHICH IF INJURY M. MONTH D M. OF INJURY REET, FACTORY, OFFICE, de deceased from	ENCE OF DEATH BUT OPERATION AY YEAR 19 FARM. ETC.)	F J B R O	TO THE TERM RMED URY OCCURR N	200 AUTO YES ED (ENTER NA	DPSY? NODE TURE OF INJUR CITY OR TO	20b. IF YIIN CERT	ES, WERE IFYING C YES 3 PART 1 OR P	FINDIN AUSES	GS USE OF DEA' NO [STAIL WE
150	gove rise to immediate to immediate to immediate the part 2 OTHER SIGN PART 2 OTHER SIGN 19a DATE OF OPERA 21a. ACCIDENT WAS UNDOR CONTRIBUTING 10 (IF ETHER NOTIFY MEDI 21d INJURY OCCUR! 22a. I certify that (II saw the decease obove, (II) (we) (I) (we) (II) well as	, which mediate 19 the last. NIFICANT COTION DERLYING CAUSE OF DEACCAL EXAMINER RED (this hospi	DUE TO, OI b) DUE TO, OI CONDITIONS CO 19b. CONDITIONS CO	R AS A CONSEOU R AS A CONSEOU ONTRIBUTING TO ITION FOR WHICH IF INJURY M. MONTH D M. OF INJURY REET, FACTORY, OFFICE, de deceased from 19	ENCE OF DEATH BUT OPERATION AY YEAR 19	NOT RELATED TO WAS PERFORE 211. LOCATION STREET Add that in (my) (control of the control of the	TO THE TERM RMED URY OCCURR N	200 AUTO YES ED (ENTER NA	DPSY? NODE TURE OF INJUR CITY OR TO	20b. IF YIIN CERT	ES, WERE IFYING C YES OPART I ORP COU	FINDIN AUSES (GS USE OF DEA NO [stat we
150	gove rise to immediate to immediate to immediate the part of the p	, which mediate 19 the last. NIFICANT COTION DERLYING CAUSE OF DEACCAL EXAMINER RED (this hospi	DUE TO, OI b) DUE TO, OI CONDITIONS CO 19b. CONDITIONS CO	R AS A CONSEOU R AS A CONSEOU ONTRIBUTING TO ITION FOR WHICH IF INJURY M. MONTH D M. OF INJURY REET, FACTORY, OFFICE, de deceased from 19	ENCE OF DEATH BUT OPERATION AY YEAR 19	NOT RELATED IN WAS PERFORED IN WAS PERFORED IN LOCATION STREET IN LOCATION STREET IN LOCATION CONTRIBUTION (My) (MY) (MY) (MY) (MY) (MY) (MY) (MY) (MY	TO THE TERM RMED URY OCCURR N 19 194 aur) apinion of	200 AUTO YES PED (ENTER NAT	NO STAR	20b. IF YI IN CERT IN CERT IN TEM 18	ES, WERE IFYING C YES OPART I ORP COU	FINDIN AUSES	GS USE OF DEA NO [STA1
100	gove rise to immediate to immediate to immediate the part 2 OTHER SIGN PART 2 OTHER SIGN 19a DATE OF OPERA 21a. ACCIDENT WAS UNDOR CONTRIBUTING 10 (IF ETHER NOTIFY MEDI 21d INJURY OCCUR! 22a. I certify that (II saw the decease obove, (II) (we) (I) (we) (II) well as	, which mediate 19 the last. NIFICANT COTION DERLYING CAUSE OF DEA CAL EXAMINER RED (Ithis hospi ed olive on did) (did no	DUE TO, OI DUE TO, OI DUE TO, OI CONDITIONS CO 19h CONDI 21h TIME O HOUR A. P. 21e PLACE (AT HOME STE	R AS A CONSEOU R AS A CONSEOU ONTRIBUTING TO ITION FOR WHICH IF INJURY M. MONTH D M. OF INJURY REET, FACTORY, OFFICE, de deceased from 19	ENCE OF DEATH BUT OPERATION AY YEAR 19	NOT RELATED IN WAS PERFORED IN WAS PERFORED IN LOCATION STREET IN LOCATION STREET IN LOCATION CONTRIBUTION (My) (MY) (MY) (MY) (MY) (MY) (MY) (MY) (MY	TO THE TERM RMED URY OCCURR N 19 194 aur) apinion of	20a AUTO YES RED (ENTER NAT	NO STAR	20b. IF YI IN CERT IN CERT IN TEM 18	ES, WERE IFYING C YES OPART I ORP COU	FINDIN AUSES (GS USE OF DEA NO [STATE we)
100	gove rise to imm cause (a), stofin underlying cause PART 2 OTHER SIGN 7a DATE OF OPERA 71a. ACCIDENT WAS UNK OR CONTRIBUTING (IF ETHER NOTRY MEDI 21d INJURY OCCURI 21d INJURY OCCURI 22a. I certify that (II saw the decease obave, (I) (we) (c) 22b. SIGN 1 URE	, which mediate 19 the last. NIFICANT COTION DERLYING CAUSE OF DEA CAL EXAMINER RED (Ithis hospi ed olive on did) (did no	DUE TO, OI (c) DUE TO, OI (c) 19b CONDITIONS CO 19b CONDITIONS CO	R AS A CONSEOU R AS A CONSEOU DITION FOR WHICH IT INJURY M. MONTH D M. OF INJURY REET, FACTORY, OFFICE, e deceosed from 19 ofter deoth.	ENCE OF DEATH BUT OPERATION AY YEAR 19 FARM. ETC.)	NOT RELATED IN WAS PERFORE 211. LOCATION STREET 211. LOCATION COMPANY OF THE PROPERTY OF THE	TO THE TERM RMED URY OCCURR N 19 194 aur) apinion of the string hysician	20a AUTO YES EED (ENTER NAT	NO STAR	20b IF YIN CERT IN CERT IN CERT IN TEM 18 wn wn te and ho	ES, WERE IFYING C YES OPART I OR F	FINDIN AUSES (GS USE OF DEA NO [hot (I) (couses st	stat we)
MEDICAL	gove rise to immediate to immediate to immediate the part of the p	, which mediate 19 the 10st 10st 10st 10st 10st 10st 10st 10st	DUE TO, OI (c) DUE TO, OI (c) 19b CONDITIONS CO 19b CONDITIONS CO	R AS A CONSEOU C S T R AS A CONSEOU DITION FOR WHICH IF INJURY M. MONTH D M. OF INJURY REET, FACTORY, OFFICE, ofter death.	ENCE OF DEATH BUT OPERATION AY YEAR 19 FARM. ETC.)	NOT RELATED TO WAS PERFORE 211. LOCATION STREET 121. LOCATION STREET 122. ADDRESS 124. ADDRESS	TO THE TERM RMED URY OCCURR N 19 194 aur) apinion of HYSICIAN S	200 AUTO YES DED (ENTER NAT	CITY OR TOV	20b IF YIN CERT IN CERT IN CERT IN TEM 18 wn wn te and ho	ES, WERE IFYING C YES OPART I OR F	FINDIN AUSES (GS USE OF DEA NO [hot (I) (couses st	stall we)
MEDICAL MEDICAL	gove rise to imm cause (a), stofin underlying cause PART 2 OTHER SIGN 7a DATE OF OPERA 71a. ACCIDENT WAS UNK OR CONTRIBUTING (IF ETHER NOTRY MEDI 21d INJURY OCCURI 21d INJURY OCCURI 22a. I certify that (II saw the decease obave, (I) (we) (c) 22b. SIGN 1 URE	, which mediate no the last. NIFICANT COTION DERLYING CAUSE OF DEACAL EXAMINER RED HILE (this hospined olive on did) (did no did) (did no did) (REMOVAL	DUE TO, OI (c) DUE TO, OI (c) 19b CONDITIONS CO 19b CONDITIONS CO	R AS A CONSEOU R AS A CONSEOU PARTIBUTING TO ITION FOR WHICH IF INJURY M. MONTH D M. OF INJURY REET, FACTORY, OFFICE, The december of the control o	ENCE OF ENCE OF DEATH BUT OPERATION AY YEAR 19 FARM. ETC.)	NOT RELATED TO WAS PERFORE 211. LOCATION STREET 121. LOCATION STREET 122. ADDRESS 124. ADDRESS	TO THE TERM RMED URY OCCURR N TENDING HYSICIAN REMATORY	200 AUTO YES DED (ENTER NATE DED) MEDICAL DIRECTOR 23d LOC A CITY	CITY OR TOV	20b. IF YIN ITEM IS EY IN ITEM IS WHAT A stee and he FIAN	ES, WERE IFYING C VES COU 19 22c COUNT COUNT COUNT	FINDIN AUSES (GS USE OF DEA NO [hot (I) (couses st	stall we)

DHMH - 16 50M 1/B1 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this see hould be detached for use by the faviral with the Stote Dept. of Health and Marti

Home 12 Ridgely Ave.



	1		STATE OF MARYLAND
X	1.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 1 4 1 4 0
		CEASED NAME FIRST	REG. NO. MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR OF
death 3	(TYP)	ORPRINT) ALICE	E Virginia CARR 6 27 82 12 Am
of po	3 SE	4	4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
1	To B	RTHPLACE (STATE OR FOREIGN 76	White 8 6 04 77 YRS TO BEATH
關口戶		COUNTRY	MARRIED NEVER MARRIED
1	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. USUAL OCCUPATION 126. KIND OF BUSINESS OR
123	H	nnapolis F	Hone Hrundel (reneral Homemaker Home.
RA RA	13a :	AL RESIDENCE (IF NURSING HOME OR OF OF ATTACK)	A STATE OF THE STA
4 1	14 F/	THER'S NAME	HINAPOLIS YES NO Washington Court
12/12/	1	FIRST	AIDOLE AST MIDDLE CLASIN
100	160 V	VAS DECEASED EVER IN U.S. ARMI	
Population	,	(IF YES, GIVE V	WAR OR DATES) 213/22/22/14 George W Carr Queenstown MD 216
# 10 per		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	y one cause per line for (a), (b), and (c)
e e		IMMEDIATE	
n, ar re		4960	DUE TO, OR AS A CONSEQUENCE OF A STATE OF THE STATE OF TH
atract r		Conditions, if any, which gave rise to immediate	() EXTENSIVE BELATERAL PNEUMONIA 3 DAYS
l, cre		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF CHEPONT C. OBSTRUCTURE TURNOLLARY PORTAL VERRS
burio ry, ar	_	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
prior to any inju	CERTIFICATION		
3 9	FICA	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
Hygie	CERT	210. ACCIDENT WAS UNDERLYING	YES NOT YES NO TO THE PROPERTY OF THE PROPERTY
		OR CONTRIBUTING CAUSE OF DEATH	H HOUR A.M. MONTH DAY YEAR
	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY 211 LOCATION
alth and marked o	×	AT WORK NOT WHILE	(AT HOME STREET, FACTORY OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE
dealt is ma	11	220.1 certify that (1) (this haspital	
n 21		above (1) (we) (did (did not)	Ovew the bady after death.
Dept.		77h SICKATURE	ATTENDING MEDICAL STAFF 226 DATE SIGNED
		PHY ICIAN'S NAME (TYPE OR P	PHYSICIAN DIRECTOR PHYSICIAN D
with the Storman MPORTAN	(Parky D	Alary Galacia 1
shoul with 1	23n F	URIAL, CREMATION, REMOVAL	23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION
	0	PEC (FY)	R 21000 0 - 1 - BI CC 1 CITY OR TOWN A STATE
50M 1/81	24 FL	INERAL DIRECTOR	250 DATE REC'D. BY REGISTRAR 25b AUGISTRAR GIGNA
15, 4)	1	show M. Taylor	E long Annantis MI IIW 20 1002 home Jan Marthen

Labrary Barross - 1924 - 20 Transport Share Arrent Consent House the stage out The Destinate of the strength A. A. C. C. I all mothers of the way so the second of the Kepcenolay Helists THE RESERVE OF THE PARTY OF THE The Chambers Haw Despise the Chambers of with the stagment somether also a supplied with the formation

Continue and a substitution SOF SINSTITUTE A COLUMN est see qualification of the contract of the c Committee where the committee is a second committee in the committee in th 8 1882 Throng Services

SEVERNA YARK

(VRA 15, 4)

The state of the s STATE OF THE STATE ARRIVED THE RELEASE OF THE SECOND STATES OF THE SEC

STATE OF MARYLAND

5	1.	FOR STATE REGISTRAR			DEPARTI		HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 2		41	4	3
À		CEASED NAME OR PRINT)	FIRST	V	IRGINIA		ONICAN	JUNE 22		AY YEAR	26 HOU 2:23	
- A		MALE		4 RACE CAUCAS	SIAN		ST 05 1910	6 AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER HOURS	
35	PEI	RTHPLACE (STATE OR		USA				9 BALTIMORE CITY OR COUNTY OF DEATH			1	
1	10 CITY OR TOWN OF DEATH FORT MEADE USUAL RESIDENCE (IF NURSING HOME OF		KIMBROUGH ARMY COMMUN				120 USUAL OCCUPAT (TYPE OF WORK FOR MOST C	ION OF WORKING LIFE	12b. KIND C INDUSTRY	F BUSINE	_	
5	MÅI	RYLAND	ANNE	ARUNDE	GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	13e STREET ADDRESS 1342 BREN	DA ROA	D		
20	CHA	ARLES		MIDDLE	STOVER		15 MOTHER'S MAIDEN NAM	WE		STOVE	R	
/	160 V	VAS DECEASED EVER		MED FORCES? (E WAR OR DATES)	166 SOCIAL SECU 204-03-2		JOSEPH CRONIC	CAN 1342 BR		D SEVE	RN MD)
		PART I. DEATH V		TE CAUSE (a)		rest	secondary to	and the same as			diate	
	NO	Conditions, if any gave rise to im- cause (a), statin underlying couse	nediote ig the lost	DUE TO S	R AS A CONSEQUE evere chr	NCE OF ONIC	obstructive pr	ulmonary di	sease	5 y	ears	•
9	CERTIFICATION	190 DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	GS USED OF DEATH	H?
G		210. ACCIDENT WAS UNI OR CONTRIBUTING [] (IF EITHER NOTIFY MEDI	AUSE OF DEA		DE INJURY .M. MONTH DA .M.	Y YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18 PAI	RT OR PART 2)		
	MEDICAL	21d INJURY OCCUR	INE T		OF INJURY REET FACTORY, OFFICE F	ARM, ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	\$1	ATE
		220.1 certify that (1) saw the decease above/(1) (we) (1)	(this hospi	tol) attended th	JUNE 19 after death.		TNE		1500			
7		HENRY SAU			MEDICAL C	ORPS	PHYSICIAN 220 ADDRESS KIMBROUGH AR	DIRECTOR PHYSIC		FORT	MEA	DE
	(URIAL, CREMATION, SPECIFY) BUrial INERAL DIRECTOR	REMOVAL	23b. DATE 6/25/			EMETERY OR CREMATORY Haven Cemeter	23d LOCATION	Burnie	Md.	51	ATE

Hardesty Funeral Home 12 Ridgely

F 62:3	Chaire Schill	T/A	CROSSE	ATMIDSIV	NS'10H
	7.7) to 1 SI	AUGUST V	CAUCASTAN	Thus
	THURING SIXMY	x 12 20		ARIT	VINVALABINAL
	Leading to the	JATISECI	TYPE (C)	YOUR EDWARDS	nd/ale tros
	CON ACTURA SYST	2		Kervica (Tamilla)	STORE SEATONAL
HENOLS		YEAM		257072	CHARLIE
me interes	AN 1942 BREDEN RD	SEPH GEOVIC	747 18	C=C(=4(E)	OK THE THE
Sec. Chemil	56 , 1924 LL 24 , 182 , 184 , 184 , 184	y os Vrehne	rest ser	Cardiac an	
24thours	anisomatat laik	nns mpochr	ASOLDE A.	Respirator	
5 years	lmonary disease	triictiva pu	ada sino	Severa chi	
(1) (1) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	20, 20,02	2	THUE IS	, HII. 'C'	
SOARL TROY	SOU ALLMINGER HOSE	SEA HISTORIES	nones kt	CPT, HIDITAL	BEFORE SAUDINE

Glen Burnie, Md.

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR - STATE

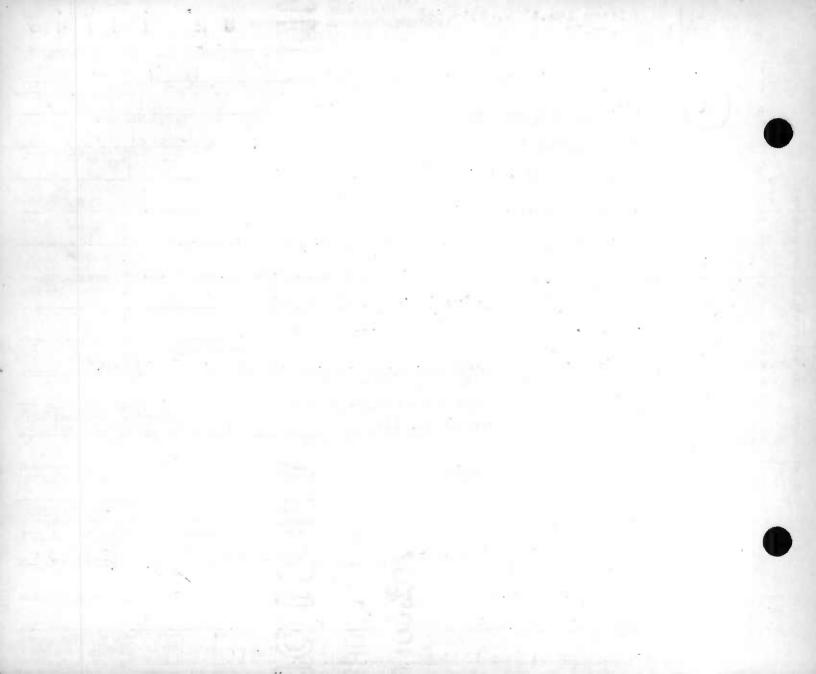
DHMH-16 30M 2/80

(VRA 15, 4)

Raymond C. Fink

- Junik 24, 4982 - 12:34	THE E. THAY SEE	OLU.
	and the same of the same	of the
Tricos destrices and		
1 ol. wescol	ANTERED A LAURUMAN PLACE	andred value
Mary reserves and reserves	the second nature .5.4	Dair year II
The state of the state of	Last death of 16	
outs as every 1 out of	and annext here a street	
	REPORT OF THE PURISHER FURIES	. T.4698
		D the words

17		DECICTOAD	\L	CERTIFI	CATE OF DEATH	GIENE 8 2	
15	1. DE	STATE 6-29-82 A REGISTRAR CEASED NAME FIRST	MIDDLE	IA		REG. N	O. MONTH DAY YEAR 2h
	(TYP)	Will Will	IIAM Russe	11 DA	PBY In.	10	-7-82
X	1 55	7 11	4 RACE	5. DATE OF	BIRTH YEAR	& AGE (IN YEARS EAST BIR	THDAY) IF UNDER I YEAR IF U
M		TALE	white	9/	17/1909	72	YRS
9	, c	IRTHPLACE (STATE OR FOREIGN OUNTRY) chland d S.C.	USA	UNTRY? # MARRIED	DIVORCED		EUNDEL COUNTY OF DEATH
	4 A	NNADOUS	I IF NOT IN SUCH FACILITY, GI	WE STREET ADDRESS	OTHER INSTITUTION	176 USUAL OCCUPATE	ION 12 b. KIND OF BU INDUSTRY
a a	TUSU	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDEN	NCE BEFORE AGMISSION)			Coast g
35	I JR.	Md. A.		v_Side	131 INSIDE CITY LIMITS?	13R STREET ADDRESS	D1d
(1)	14. F/	ATHER'S NAME			15 MOTHER'S MAIDEN N	AME	
17KO		William	-	AST	FIRST	MIDDLE	LAST
		WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCI	arby Sr.	Clare 17 INFORMANT	Foste	
medico		YES, NO OR UNKNOWN) (IF YES, GIVE	E WAR OR OATES)	14-7223	Toomio D. D.	where some 's -	12-
emaval.	-	18 CAUSE OF DEATH (Enter on			Jeanie P. Da	arby same as	APPROXIMATE SETWEEN ONSE
the	1 0	couse (a), stating the underlying couse last	DUE TO, OR AS A CO	NSEQUENCE OF	a / A.	,	
or of			(e) Dece	to repery		- Idocumen	
lhen please remove carb ta burial, cremation, ar i njury, ar ather troumatic	NO	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTION	1 = 0 1 /21/			
to bu	CATION	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTION FOR	NG TO DEATH BUT N	OT RELATED TO THE TER		DITION GIVEN IN PART 1(a)
ows any injury,	TIFICATION	PART 2 OTHER SIGNIFICANT (NG TO DEATH BUT N	OT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART 1(a)
Hygiene prior to bu	CERTIFICATION	PART 2 OTHER SIGNIFICANT OF THE PART 2 OTHER SIGNIFICANT OF THE PART OF THE PA	195 CONDITION FOR Fractured 215. TIME OF INJURY	WHICH OPERATION	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART 1(0) 20%. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF I YES \(\sigma \)
Hygiene prior to but 18 shows any injury,		PART 2 OTHER SIGNIFICANT OF THE PART 2 OTHER SIGNIFICANT OF THE PART OF THE PA	1% CONDITION FOR Fractured 21b. TIME OF INJURY HOUR A.M. MON	WHICH OPERATION	NOT RELATED TO THE TER	200 AUTOPSY? YES NO	DITION GIVEN IN PART 1(0) 20%. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF I YES \(\sigma \)
or Hem 18 shaws any injury,		PART 2 OTHER SIGNIFICANT (190 DATE OF OPERATION 5/18/82 210. ACCIDENT WAS UNDERLYING CONCRIBUTING CAUSE OF DEAL IF EITHER, NOTIFY MEDICAL EXAMINER) 214. INJURY OCCURRED	The Condition for Fractured The Tib. Time of injury Hour A.M. Mon P.M. The PLACE OF Injury	WHICH OPERATION Rt. hip	NOT RELATED TO THE TER	200 AUTOPSY? YES NO	DITION GIVEN IN PART 1(0) 20%. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF I YES \ N RY IN ITEM 18, PART 1 OR PART 2)
I Mental Hygiene priar ta bui or Hem 18 shaws any injury,	MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICANT OF THE PROPERTY OF TH	Fractured 21b. Time of injury HOUR A.M. MON P.M.	WHICH OPERATION Rt. hip	WAS PERFORMED 216 HOW INJURY OCCU	200 AUTOPSY? YES NO	DITION GIVEN IN PART 1(0) 20%. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF I YES \ N RY IN ITEM 18, PART 1 OR PART 2)
the burial-transit permit. Then pand Mental Hygene prior to buried or Hem 18 shows any injury,		PART 2 OTHER SIGNIFICANT OF THE PART 2 OTHER SIGNIFICANT OF THE PART OF THE PA	IND CONDITION FOR Fractured 21b. TIME OF INJURY HOUR A.M. MON P.M. 21r. PLACE OF INJURY 1AT HOME. STREET, FACTORY	WHICH OPERATION Rt. hip ITH DAY YEAR 19 COFFICE, FARM, ETC.)	WAS PERFORMED 21c HOW INJURY OCCU 21f LOCATION STREET	206 AUTOPSY? YES NO REED (ENTER NATURE OF INJUI	20b. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF IT YES NOT
af Health and Mental Hygiene prior ta bus 21 is marked or Hem 18 shaws any injury.		PART 2 OTHER SIGNIFICANT (190 DATE OF OPERATION 5/18/82 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK AT WORK AT WORK 220.1 certify that (1) (this happy	IND CONDITION FOR Fractured 21b. TIME OF INJURY HOUR A.M. MON P.M. 21r. PLACE OF INJURY 1AT HOME. STREET, FACTORY	WHICH OPERATION Rt. hip ITH DAY YEAR 19 OFFICE, FARM, ETC.)	WAS PERFORMED 21c HOW INJURY OCCU 21f LOCATION STREET	206 AUTOPSY? YES NO REED (ENTER NATURE OF INJUI	DITION GIVEN IN PART 1(0) 20%. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF IT YES NOT
Hem 21 is marked or Hem 18 shaws any injury.		PART 2 OTHER SIGNIFICANT (190 DATE OF OPERATION 5/18/82 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA LIFEITHER, NOTHY MEDICAL EXAMINER) 210. INJURY OCCURRED WHILE AT WORK AT WORK 220.1 certify that (1) (this happy	IN CONDITION FOR Fractured 21b. TIME OF INJURY HOUR A.M. MON P.M. 21r PLACE OF INJURY 1AT HOME, STREET, FACTORY	WHICH OPERATION Rt. hip ITH DAY YEAR 19 7, OFFICE, FARM, ETC.)	WAS PERFORMED 21c HOW INJURY OCCU 21f LOCATION STREET 19 1 that in (my) (our) opinion	206 AUTOPSY? YES NO REED (ENTER NATURE OF INJUITED TO	20b. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF IT YES NOT
rhed for use as the burial-transit permit. Then post of Health and Mental Hygiene prior to bur them 21 is marked or them 18 shows any injury.		PART 2 OTHER SIGNIFICANT OF THE PART 2 OTHER SIGNIFICANT OF THE PART OF THE PA	21b. TIME OF INJURY HOUR A.M. MON P.M. 21a PLACE OF INJURY IAT HOME. STREET, FACTORY attol) offended the deceased	WHICH OPERATION Rt. hip ITH DAY YEAR 19 7, OFFICE, FARM, ETC.)	WAS PERFORMED 21c HOW INJURY OCCU 21f LOCATION STREET 19 1 that in (my) (our) opinion EGREE ATTENDING PHYSICIAN	206 AUTOPSY? YES NO REED (ENTER NATURE OF INJUI	20b. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF IT YES NOT
thed for use as the burial-transit permit. Then post of Health and Mental Hygiene prior to buriem 21 is marked or them 18 shows any injury,		PART 2 OTHER SIGNIFICANT (190 DATE OF OPERATION 5/18/82 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK AT WORK AT WORK 220.1 certify that (1) (this happy	21b. TIME OF INJURY HOUR A.M. MON P.M. 21a PLACE OF INJURY IAT HOME. STREET, FACTORY attol) offended the deceased	WHICH OPERATION Rt. hip ITH DAY YEAR 19 COFFICE, FARM, ETC.)	WAS PERFORMED 21c HOW INJURY OCCU 21f LOCATION STREET 19 1 that in (my) (our) opinion	206 AUTOPSY? YES NO REED (ENTER NATURE OF INJUITED TO	20b. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF IT YES NOT
then 21 is marked or fem 18 shows any injury, them 21 is marked or fem 18 shows any injury.	MEDICAL	PART 2 OTHER SIGNIFICANT OF THE PART 2 OTHER SIGNIFICANT OF THE PART OF THE PA	The Condition for Fractured The Tib. Time of Injury Hour A.M. Mon P.M. 21R PLACE OF Injury LATH HOME, STREET, FACTORY tol) attended the deceased the the body after death	WHICH OPERATION Rt. hip ITH DAY YEAR 19 OFFICE, FARM, ETC.) If from D	WAS PERFORMED 21c HOW INJURY OCCU 21f LOCATION STREET 19 1 that in (my) (our) opinion EGREE ATTENDING PHYSICIAN	286 AUTOPSY? YES NO RED (ENTER NATURE OF INJUITY OR TOWN) O death occurred on the discount of the discount o	20b. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF IT YES NOT IN CERTIFYING CAUSES OF IT YES NOT IN TEM 18, PART 1 OR PART 2) NOT COUNTY 19, that one ond hour and from the cause of the county that it is not in the cause of the county that is not in the cause of the cau
Sept of Health and Mental Hygiene prior to buy frem 21 is marked or Item 18 shows any injury,	MEDICAL	PART 2 OTHER SIGNIFICANT OF THE PART 2 OTHER SIGNIFICANT OF THE PART OF THE PA	The Condition for Fractured The Tib. Time of Injury Hour A.M. Mon P.M. 21R PLACE OF Injury LATH HOME, STREET, FACTORY tol) attended the deceased the the body after death	WHICH OPERATION Rt. hip ITH DAY YEAR 19 COFFICE, FARM, ETC.) Strom D 23c NAME OF CE	WAS PERFORMED 216 HOW INJURY OCCU 211 LOCATION STREET 1 that in (my) (our) opinion EGREE ATTENDING PHYSICIAN 22R ADDRESS METERY OR CREMATORY 1 d Cemtery	200 AUTOPSY? YES NO REED GENTER NATURE OF INJUITED A COUTOR TOWN MEDICAL STAIN A GOLDATION CITY OR TOWN CITY OR TOWN GALES VI	20b. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF IN YES NOT



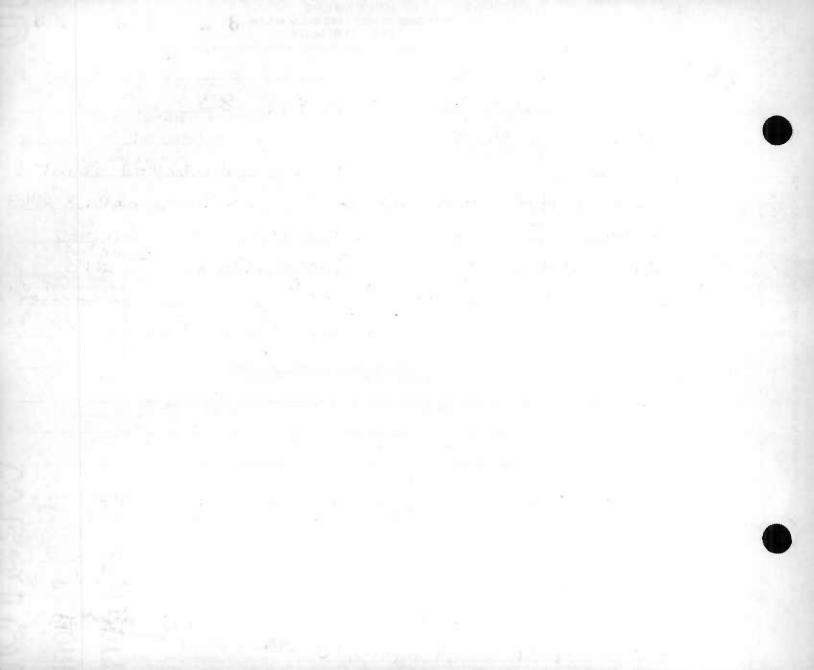
	1.	STATE REGISTRAR	CERTIFICATE OF DEATH	REG. NO.
be 3 eath		CEASED NAME FIRST CORPRINT) ELIZABET	TH VINTON DAVIS	20 DAJE OF DEATH MONTH DAY YEAR 26. HOUR
ge 4 may	3. SE		WHITE S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
Park Po	1	DUNTRY APOLIS MD	CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED WIDOWED DINORCED	BALTIMORE CITY OR COUNTY OF DEATH BANKE HRUNDEL N
s ofter o	J0 C	WNAPOLIS	NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (UP) OT IN SUCY FACILITY, GIVE STREET ADDRESS)	120. USUAL OCCUPATION (TURNOF WORK FOR MOST OF WORKING LIFE) LNSTRUCTOR LNSTRUCTOR LNSTRUCTOR
n 24 hau filled in hould be	050 (3a.	AL RESIDENCE (IF NURSING HOME OR OTH	HER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 134. INSIDE CITY LIMITS 134. INSIDE CITY LIMITS YES NO	201 DO CHERRY GROVE A
mpletery and 2 s	R	CHARD MKE	WAREE DAVIS 15. MOTHER'S MAIDEN FIRST CO	RA LINTHICYM LAST
n and ca Pages i		VAS DECEASED EVER IN U.S. ARME YES, 10 OR UNKNOWN) (IF YES, GIVE W		AND BALDWIN CROWDSVILLE MD 210
res that the death certificated by the attending phy please remove carbonpaurol, cremotion, or remov. y, or other traumatic event.		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT COL	11110.101111111111111111111111111111111	TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
n. nos been sign permit. Then I ne prior to bu ws any injury,	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 706, IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
PHYSICIAN: The It ending physicion. This certificate has the buriol-transit pe d Mental Hygiene d ar Item 18 shows		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	CURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
4 + + + 0 0	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	216. PLACE OF INJURY [AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.] 216. LOCATION STREET	CITY ON TOWN COUNTY STATE
ATTENDING aspirol or	-	220. Letrify that (1) (this hospital) sow the deceased alive an above, (h (we) (did) (did not) v 22b. SIGNATURE	6 1 5 19 2 and that in (my) (our) opin	to that (1) (we) lo inion death occurred on the abte and hour and from the causes stated
TO HOSPITAL OR etained by the hit of FUNERAL DIRISHOULD be detached with the State Depinaporal Title the state of the stat		224 PHYSICIAN'S NAME (TYPE OR PR	my Ma) ATTENDING PHYSICIAN	MEDICAL STAFF
D 6 0 4 3 4 4	230.	SURIAL, CREMATION, REMOVAL (SICIFY)	23b. DATE COME OF CEMETERY OR CREMATO CODER BLUFF CE	M. HUNAPOLIS COUNTY MISTALE
DHMH-16 30M 2/B0 (VRA 15, 4)	24 F	UNERAL DRECTOR HAVIN Ton (0.0 S	ANDRESS MD 250.	DATHE OF BY REGISTRAR 250 RECOSTRAR SIGNATURE

S. S. at we ske a blanch and the State of Grant and Continued States and Continued S Marie Land of the Sant Bear of and the street will be the street t CHE DI TOPLER SHOW HE WAS AND MINES PAID

•	-
-	
201	
CH	
5	
53	
AND	
3	
-51	
5	
ac.	
3	
MAS	
asl.	
*	
MO	
3	
23	
AL	
m	
100	
S	
-	
No	
\simeq	
50	
PRE	
ä.	
3	
800	
201	
RDS.	
0	
S.	
S	
Mi	
DE.	
AL	
2	
Ε.	
-	
*	
ō	
z	
NOIS	
· Wi	
DIVIS	
2	
14	
	r
25.77	7

3	I.	tems #14&15 pe	er phone o	all DEPARTA	STATE OF MARYL	AND MENTAL HYC	IENE 8 9	41	4 7
~	1	- STATE W/Anatomy	y Bd. 6/11	1/82 rc	CERTIFICATE OF	DEATH	REG. NO.		
		CEASED NAME FIRST	d Seathers	MIDDLE	LAST		20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
ad add add		LEAF		T	DEAL		6	5 82	3-PM
-	3. SE	/ -	4 RACE	· T-	5. DATE OF BIRTH	YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
2 1871	70 B	EMALE ISTATE OR FOREIGN	Zh CITIZENI OE	WHAT COUNTRY?	2 9	4	9 BIALTIMORE CITY OR COU		
1 18 17		COUNTRY				IVORCED	ANNE AROUN	_ /	MD
1 153	C	TY OR TOWN OF DEATH		HOSPITAL, NURSIN HEACILITY, GIVE STREET, ACUNDEL	1	Har	120 USUAL OCCUPATION [TYPE OF WORK FOR MOST OF WORKIN Retired Nur	G HEET INDUSTRY	BUSINESS OR
10 to 10 to	3a	AL RESIDENCE (IF NURSING HOASTATE	AE OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	CITY LIMITS?	13e STREET ADDRESS		
The state of			.A.	Arnold	YES 🗌	ио 🗌	465 Shore A	cres Rd	
1 19 2122	24. F	ATHER'S NAME	WIDDLE	LAST	15. MOTHER	'S MAIDEN NAM	WE	LAST	
1 8 1	16n \	Louis WAS DECEASED EVER IN U.S	Richard	Jones		atherin	A CO NOTE OF	Town	S Court
and Apply	(S, GIVE WAR OR DATES)	186-12-			r (Dau) Annap		od South
the party of		18 CAUSE OF DEATH (Ente	er anly ane cause per		- //	TIDIIC	1 (baa/IIIIap		ATE INTERVAL
ortho or phy or phy or phy or phy or phy		PART 1. DEATH WAS CA	USEĎ BY. DIATE CAUSE (0)	ST	rate-			1	ment
the safety of th		4331	DUE TO, O	R AS A CONSEQUE	NCE OF	1/	2 / 54	. 1	000/
the state of the s		Canditians, if any, which gave rise to immediate	(b)_	(1)	renati	y Ce	Men Ola	iono 1	gr
of the state of th	13	cause (a), stating the underlying cause last	DUE TO O	R AS A CONSTQUE	NCE OF	+	ischemi (MAL	2 mo
res th place of the control of the c		PART 2 OTHER SIGNIFICAL	NT CONDITIONS CO	ONTRIBUTING TO D	EATH BUT NOT RELATED	D TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART LIN	
The party of the p	CATION							O'NETT III THE	
A STATE T	HCA)	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATION WAS BERFO	RMED		YES, WERE FINDING	
4000	CERTIFI	21g. ACCIDENT WAS UNDERLYING	21b, TIME O	1014	14.55	NJURY OCCURR	YES NO	YES	NO D
A Library	10.00	OR CONTRIBUTING CAUSE OF	FOEATH HOUR A.	M. MONTH DA	Y YEAR	AJORT OCCURR	CED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)	
Mersy of the ce	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAM	21e PLACE	OF INJURY	19 211 LOCATE	ON			
office of the honor of the honor of the district of the distri	M	RK NOT WHILE	(AT HOME STR	EET, FACTORY OFFICE, FA	RAM ETC) STREE	Cia	CITY OR TOWN	COUNTY	STATE
SADIS Otto Health	0	22a.1 certify that (1) (this h			4 L	19	- to Jane 3		nat (I) (we) last
ATT	3	saw the deceased alive above, (I) (vest (did) (did	an the bady	atter death.	and that in (my) (ous) apinian o	death accurred an the date and		
0 4 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	73	26. SIGNATURE M	(Note	a ela-	DEGREE	ATTENDING _	MEDICAL _ STAFF _	224. DATE S	IGNED SC.
ANT ANT ANT	1	22 PHYSICIAN NAME (TO	YPE OR PRINT)	angen	22e ADDRES		DIRECTOR PHYSICIAN	Hene	10,118
O HOSP trumed it bould be bould be with the S		SARY M.	Rich	AR USA	NIDYF	ORB	es Street	ot Ann	Apolis
pp	1	SURIAL, CREMATION, REMOV			AME OF CEMETERY OR	CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE
BP		emoval JNERAL DIRECTOR	6-5-8	31		25a DATE	E REC'D. BY REGISTRAR 25b. REC	ISTRAR'S SIGNIATUR	DE .
DHMH - 16 50M 1/B1 (VRA 15, 4)	A	NATOMY BOAR	D OF MD.	, Balt.	, Md.	JU		rees Van 9	Wather

A STATE OF A STATE OF STATE AND A CONTRACT OF THE STATE O and the state of t and a finite of the second of



FOR - STATE

Adver. Promo 1112 Little MagothyView Steigh Same as #13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) STATE and that in (my) (and) opinion death accurred on the date and hour and from the causes stated 22c DAJE SIGNED EVERGATERN ROAD. SEVERNA PARK Removal COUNTY STATE 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S GIGNATURE DHMH - 16 50M I/B1 (VRA 15, 4) Anatomy Board of Md. Baltimore, Md.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

26 HOUR

6

IF LINE

126 KIND OF BUSINESS OR

IF UNDER I YEAR

A STATE OF THE PARTY OF THE PAR

	Y	1 -	FOR STATE REGISTRAR	DEPA		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 2.	141	2 0
y be	,		CEASED NAME FIRST OR PRINT) THEL	MA M.	f	ENNIS	M	60782	650 PM
g ())	3 SE	F	4 RACE B	S. DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIRTH	YRS.	IF UNDER 24 HRS HOURS MIN
death. Po		N	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT U.S.A.	RY? 8 MARRIEI WIDOWE	DIVORCED DIVORCED	P BALTIMORE CITY OR	ARUNDE	C MD.
by the fulled with	13	A	NNAPOCIS	11. NAME OF HOSPITAL, NUIL		EL GEN HOS	12th USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF V		BUSINESS OR
n 24 hour	35		MA 13b COUL	TOTHER INSTITUTION GIVE RESIDENCE BE 130 CITY OR T SHAD	OWN STOE	13d. INSIDE CITY LIMITS? YES 80	6044 SCC	TT TOWN	Ro.
campletely 1 and 2 s	20		THOMAS	MIDDLE LAST WELL		15. MOTHER'S MAIDEN NAM MARTHA	WIDDLE	SCOTT	
e exec		(VAS DECEASED EVER IN U.S. AR VES NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL S	ECURITY NO.	OREGON DENNI	ADDRES IS 6044 Shad	y Side Rd.	
is that the death certificate bed by the attending physicial places remove carbon papers, or removal.				DUE TO, OR AS A CONSE	PHOEOF J	clerosis	RETION	BET WEEN O	MATE MIERVAI MSET AND DEATH
equire n signe Then p	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	NOIL	PART 2 OTHER SIGNIFICANT (NOT RELATED TO THE TERM			
an. hos be r permi		CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATIO		YES NO	206. IF YES, WERE FINDING IN CERTIFYING CAUSES O YES [
SiCIAN of physical training in the physical straining in the physical	9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	P.M.	DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR PART ?}	
After this e os the bu		MEDICAL	21d. INJURY OCCURRED WHILE ONT WHILE OF AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	ICE, FARM ETC)	21f. LOCATION STREET	CITY OR TOWI	n county	STATE
TTENE pital TOR: for us of He	7 13		22a.1 certify that (I) (the hospi saw the deceased alive on above, (I) (we) (alid) (did no	1111	79	id that in (my) (aux) opinion o	death occurred on the date		hat (I) (we) lost auses stated
YAL OR A y the has y the has y the bas y the bas y the bas y the bas detached detached inte Dept.			World C	· Norma,	N	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA		F/F2
C HOSPITAL etained by the TO FUNERAL should be det with the State	A A		DONNE (TYPE C	ROANT, M.D).	16/6 Fants	ITEN A	NNSpail 2	1403
BP	VI.	23a. E	BURIAL, CREMATION, REMOVAL BURIAL	6-11-1982		EMETERY OR CREMATORY GRIFFITH CEME			state
DHMH - 16 50M 1/8 (VRA 15, 4)	31		NILLIAM REESE &	SCNS MORTURRY	lis:AMd		1 0 1982 71	Sb. REGISTRAR'S SIGNATU	The
							1000	4	

Free me 12 12 20 21 21 20 27 22 26 2 STOPHAL WITH THE STOP STOPE And the Samuel Same And the Samuel Same . 16. 18. 28. 28. To be severally marketing as the second The Lot of the Committee of the Committe The Recognition of the second section of the second second Therefore the chief there . I be street to appear the case with CARLO SECOLINUL CONTRACTOR SEC

James S. Kirkley, Glen Burnie, Md.

(VRA 15, 4)

- STATE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

.e Grantike JUNE 2, 1981 L 16: 1 3 3 3 7 mm Can Man

MPORTANT: If them 21 is marked at them 18 shaws any injury, at other traumatic event, the

DHMH - 16 50M 1/BI (VRA 15, 4)

	-1-	FOR - STATE			DEPART		EALTH AND MENTAL HYG	IENE 8 2		4 1	5 2
	1.00	REGISTRAR					ICATE OF DEATH	REG. I			EDT
		CEASED NAME E OR PRINT)	FIR51		MIDDLE	L	AST	20 DATE OF DEATH	MONTH DAY	Y YEAR	25 HOUR
			BERT		Roy		FITCH	JUNE 10			3:50 m
	3. SE	X		4 RACE		S. DATE C		6 AGE (IN YEARS LAST B		UNDER I YEAR	HOURS MIN.
		Male		Whi			y 22, 1905	77	YRS		
E		IRTHPLACE (STATE OR FOR	EIGN	Th CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY O	FDEATH	
4		Baltimore			.A.	WIDOWE	DIVORCED	ANNE ARUI			MD.
51	0 CI	ITY OR TOWN OF DEATH	1	11. NAME OF	HOSPITAL, NURSING PACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOST	ION Ret	126. KIND O	F BUSINESS OR
1		LEN BURNIE		NORT	H ARUNDEL	HOSP	ITAL	Steamfit	ter		1 Serv.
-	13a. S	AL RESIDENCE (IF NURSING	OUN		GIVE RESIDENCE BEFORE		1 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS			
5	N	Maryland "	A		Glen Bu	rnie	YES NO	412 Arbo		<i>7</i> e	
7	14. FA	ATHER'S NAME		AIDDLE	LACY		15 MOTHER'S MAIDEN NA				
-C		James	_	acob	Fit	ch	Mary	WIDDLE		R	oth
1		WAS DECEASED EVER IN		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT (Wi	fe) ADDR	ESS SE	ame as	s # 13
		No	N.	/A	215/18/	3446		che W. Fi			" - 0
		18 CAUSE OF DEATH	Enter only	y one couse pe				/ /		BETWEEN C	MATE INTERVAL
4	18	PART I. DE ATH WAS	CAUSED	BY: E CAUSE (0)	(wall	stri	of Herent	failse	2	beech	ullo
		4140		DUE TO C	PAS ARONEOUS	NCEOL		1			
		Conditions, if any, w	hich	(b)	after	940	les Rc	tead in	Scano	90	seur
		gove rise to immed	liote	DUE TO O	R AS A CONSEQUE	NCE OF				1	
4		underlying couse		(6)	R AS A CONSEQUE	INCE OF					
		PART 2 OTHER SIGNIF	CANT C	ONDITIONS C	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COM	DITION GIVEN	IN PART I a	
	ON O										
0	CERTIFICATION	19a. DATE OF OPERATIO	N	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V	WERE FINDIN	IGS USED
	TIE							YES NO	YES	NG CAUSES	OF DEATH?
0	CER	21a. ACCIDENT WAS UNDERL		21b. TIME C		VEAD.	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJ	URY IN ITEM 18 PART	I OR PART 2)	
7	AL	OR CONTRIBUTING CAU			m. month da m.	19					
	MEDICAL	214 INJURY OCCURRED		21e PLACE	OF INJURY		211 LOCATION		-	COUNTY	
	Σ	WHILE AT WORK		(AT HOME ST	REET, FACTORY OFFICE F	ARM, ETC.)	STREET	CITY OR T	JWN	COUNIT	STATE
		220.1 certify that (I) (th	is hospite	ol) ottended th	e deceased from_		6-1-19 PS	2 10 6	10 19	12	That (I) (we) last
-		saw the deceased above, (I) (we) (did)				7	ad that in (my) (our) apinion o	death accurred on the	date and hour a		- (, ,
		226. SIGNATURE	Talu no	view the body	affer deathy		DEGREE			22c. DATE	SIGNED
				mQ7	= /294	2/	ATTENDING	DIRECTOR PHYSI		611	1183
1		224 PHYSICIAN'S NAM	TYPE C	RINT)	1			ospital Dr		10-1	
		TACET	mess.	T M D				Burnie, Mai			
	23n. B	JACK I. S		23b. DATE	1 23¢ N	NAME OF C	EMETERY OR CREMATORY	123d LOCATION	y Land	TOOT	
	1	Burial					awn Cemeter	CITY OR TOWN	D	DUNITY	STATE
	24 FL	JNERAL DIRECTOR Q.	18	17-14			Burnie 250. DATE		Balt ISA REATRA	lmore	MD.
-		Singleto	h F	uneral		MD		IUN 1 / 198	Ama	Que	11-76
		~=9100	AT T	arrer 97	. Home	TIL		T. W. 190	To be seen	15. 7 15.5	

Carried State of the San And Brown of the and the second was a second to the

morked or Item 18

MPORTANT: If Item 2

should be detoched

BP.

DHMH - 16 50M 1/B1 (VRA 15, 4)

15	1.	STATE REGISTRAR			DEPART		EALTH AND MENTAL HY	YGIENE 8	REG. NO.
		CEASED NAME	FIRST	1	MIDDLE	L	AST	20 DATE OF D	EATH MO
11			alith	na Fa	aye	FI	TZWATER	JUN	E 7.
(150	3 SE	Х	4.	RACE		5 DATE C		6. AGE (IN YEA	RS LAST BIRTHD
TANK .		Female		Whit	.e		. 17, 1897	7 85	
0	70 B	RTHPLACE (STATE OR F	OREIGN 76	CITIZEN OF	WHAT COUNTRY	8.	NEVER MARRIED	9 BALTIMORI	CITY OR
15 40	W	Virgin	ia	U.S	.A.	WIDOWE			e Ar
31 30/	10 C	ITY OR TOWN OF DEA	TH 1		OSPITAL, NURSI	NG HOME O	R OTHER INSTITUTION	120 USUAL OC	
33 00	G	len Burni	.e	207	6th A	venu	e, S.E.	House	≥wife
11 35	13a. S	AL RESIDENCE (IF NURSI STATE LTYLAND	NG HOME OR O	Υ	13c. CITY OR TOV	VN .	13d INSIDE CITY LIMITS?	130 STREET AC 207	DORESS 6TH
12 An	14 FA	ATHER'S NAME					15. MOTHER'S MAIDEN N		
11/20		James	W	DOTE	Dodri	11	Mary	V:	irgir
P. 1		VAS DECEASED EVER		ED FORCES?	166 SOCIAL SEC	JRITY NO.	17 INFORMANT		ADDRESS
1		NO	N	/A	219-80	-8967	Miss Hel	len Fit:	zwate
hos been signed by the othendring privided permit. Then pleose remove corbin properties prior to buriof, cremotion, or removed two ony injury, or other froumotic event. Its	ERTIFICATION	Conditions, if ony, gove rise to immr couse (a), stating underlying couse	which lediote gother lost.	DUE TO, OF	R AS A CONSEQUER PRINCE TO THE PRINCE TO	ENCE OF	art fail	RMINAL DISEASE (dr condit
ote onsitr	- 2	21a: ACCIDENT WAS UND	ERLYING	21b. TIME O	F INJURY		171c. HOW INJURY OCCU		

26 HOUR 1982 COUNTY OF DEATH undel Co. 126. KIND OF BUSINESS OR INDUSTRY Own Home Avenue, S.E. Hoover nia Same as # 13 er (Daughter) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ION GIVEN IN PART LIO ON IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES | NITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 270.1 certify that (1) (this hospital) attended the deceased from 2-1. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body ofter death 776 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN TO DIRECTOR PHYSICIAN [6-7-82 400 Crain Hwy., Glen Burnie, Md. ROBERT DABOLINS, M.D. 23c. NAME OF CEMETERY OR CREMATORY 1.0 JUNE'82 Graceland Mem.Park Ruthdale Kanawha

STATE OF MARYLAND

SINGLETON FUNERAL HOME, GLEN BURNIE, MD.

See Expelled by the Second Second and the second se A STATE OF THE PARTY OF THE PAR A shell resembly many paid to the state of t

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME O DATE KNOWN HINOM 26. HOUR (TYPE OR PRINT) OF ESTI-Martin Jack Fornero 198 4. RACE . SEX DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. DATE LAST BIRTHDAY PRONOUNCED White DEAD Male Oct. 7. 74 07 Th CITIZEN OF WHAT COUNTRY? To BIRTHPLACE ISTATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED N.Y. N.Y. U.S.A. DIVORCED WIDOWED O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 124 USUAL OCCUPATION (TYPE OF WORK NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

1007 Main Avenue Machinist Linthicum USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13b. COUNTY 13d INSIDE CITY LIMITS? 13c. CITY OR TOWN 13e. STREET ADDRESS 1007 Main Avenue Anne Arundel Linthicum NO X Maryland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE PAGES I AND DIVISION OF WIT LAST Ferdinanda Antonio Fornero Maria 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Brother ADDRESS Same as # (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES 215.05.4693 No Mr. Adolph J. Fornero CAUSE OF DEATH (Enter only one couse payline for (o), (b), and (c) ONDET AND BEATH PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E DEPARTMENT OF NO YES -210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21d. INJURY OCCURRED 218. PLACE OF INJURY (AT HOME. If LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE WHILE AT WORK AT WORK COUNTY 220. I certify that I taak charge of the remains described above, held an Autopsy Inspection and in my apinian ARYLAND death resulted from Natural causes Accident Suicide Homicide Undetermined manner TITLE (SPECIFY EXECUTE
PAGE 4 SHC.
TO FUNERAL DI
AFTER DEATH, A ACTUAL SIGNED 6 . 16 . 8 EXAMINER'S NAME NHARDI (TYPE OR PRINT) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 19' June 82 Meadowridge Mem. Pk. 230. BURIAL, CREMATION, REMOVAL 23b. DATE Elkridge, Howard, MD. Burial BP. 24. FUNERAL DIRECTOR Glen Burnie. **DHMH-17** (VR A15 ME (5)) Singleton Funeral Home MD. 15M 7/77

A self-man is company property of the late. MPETIN FERNERO M LEVERS (S. 7 - C) THE WALL M 、 连州等级 ,据为了有效,我们,由为此类,可是这 Contract of the second JUN 17 DE Lines Jain Landy

me the state of th Same Sunday Barbara Sunday

MD.

A CONTRACTOR OF THE PARTY OF TH						
JUNE 22, 1982 9:03				A AUST		
China and the same	No. of Co.	- 612				
			epi.			
YENCOO USONURA SANA			4 4	53.15	77 (810). 1	
	und Erect		H HITOT		gus waiv	
LESS CAPACION CONTRACTOR OF THE PARTY OF THE						
190 Hawaii Avenue (1901		1137/3			Part And St	
AEreoria Cheenak	SOUTH					
11 47 图 20 图 2						
		200	1.		No.	
No. of the last of	A STATE					
	12 x2					
	306 305.		.J. H	died.	XDAG	
	. Herris		47 E F 4		127	
	, Seeman	75		33.		
	Market Street		08 2512		I minute	

APPLIES AND SELECTION OF SELECT ELSE SAUGSFIEL STREET STREET STAND SELV. Mexically passenness 121 km The state of the s and the contract of the state of the same The I stone of separation of the mile and the self-- 160, - 64, - 68, - 74, THE RESERVE OF THE PARTY OF THE THE PROPERTY OF THE PROPERTY OF THE STATE OF

tar, page 3 ofter death

STATE OF MARYLAND				759	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	8	2	4	5	
CERTIFICATE OF DEATH		-			

100	ale.	STATE REGISTRAR			DEFAI	CERTIF	ICATE OF DEA	ATH	REG. N	10.	7	-	
		OR PRINT)	FIRST		MIDDLE		AST		20. DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR	
		I	Corra	ine	May	Gare	БÀ		June 4,	1982			м
	3. SEX	(4	RACE		S. DATE C			6 AGE (IN YEARS LAST B		UNDER I YEAR	IF UNDER 24 I	
	1	Female		Whi	te	мау	6, 19	23	59	YRS	ININS DATS	HOURS A	MIN,
y.	70 BH	RTHPLACE I STATE OR	FOREIGN 71	CITIZEN OF	WHAT COUNTR	V2 8	NEVER MAI		BALTIMORE CITY		OF DEATH		
7		Maryland		U.S.	Α.	WIDOWE		RCED T	Anne An	runde1	Coun	ty,	MD
8	10 CI	TY OR TOWN OF DEA	ATH 1			SING HOME C	R OTHER INSTITU		120 USUAL OCCUPA		126 KIND O	F BUSINESS	OR
Y	100	len Burni					Hospita	1	Homema)		Own	Home	2
5	130 S	AL RESIDENCE (IF NURS TATE Aryland	13b. COUNT A . A	CO.	13c CITY OR TO	DWN I	134 INSIDE CITY	LIMITS?	130. STREET ADDRESS	ddina	ton D	5.co	
4		THER'S NAME	A	31 001	Linth	LECUIII				ading	COIL	oau	
1	14. FA	Carl	MI	DDLE	Heinri	+2	May May		WIDDLE		Bower	sox	
	16a W	AS DECEASED EVER	IN U.S. ARM	ED FORCES?	166 SOCIAL SE			(Dau	ghter) ADDR	ESS41 M	apled	ale A	Ave
	(Y	NO OR UNKNOWN)		A A	218.12				Terrell		Burn		
		18 CAUSE OF DEAT	H (Enter only	ane couse per	line for (a) (b),	and (c).)	1				BETWEEN	MATE INTERVAL	i ATH
		PART I. DEATH W	AS CAUSED		Car	ncer	on lu	ing			SIK	mon	the
		1620	1		R AS A CONSEC		1	0					
		Canditions, if ony,		(b)	Me	tasle	sel to	Smer	not cord				
		gave rise to imr		DUETO	R AS A CONSEC	LIENCE OF		1					
		underlying couse	lost	(c)	AS A CONSEC	JOEINCE OF							
	z	PART 2 OTHER SIGN	NIFICANT CO	NDITIONS CO	ONTRIBUTING T	O DEATH BUL	NOT RELATED TO	THE TERMIN	NAL DISEASE OR COM	IDITION GIVEN	V IN PART 110		
4	TIO	190. DATE OF OPERA	LION	TIAL CONDI	M	elle.	nsen		Les AUXOSSYS	Lan Inves	A/F DF FIA ID II		
2	CERTIFICATION	190. DATE OF OPERA	TION	196. CONDI	IIION FOLLWAII	CH OPERATION	WAS PERFORM	ED	200 AUTOPSY?	IN CERTIFY	WERE FINDIN	OF DEATH?	
4	ERT	210. ACCIDENT WAS UNE	DERLYING [21b. TIME O	E IN HIPY		121/ HOW/INJUIN	ev occupat	YES NO NO	YES	LaJ	NO 🗌	
,		OR CONTRIBUTING	l-man		M. MONTH	DAY YEAR	216.110.00	COCCORRE	ED (ENTER NATURE OF INJ	JRY IN HEM 18 PAR	I I OR PART 2}		
	MEDICAL	21d INJURY OCCUR		P./		19	ZII LOCATION						
П	MEC				DE INJURY REET, FACTORY, OFFIC	E, FARM, ETC)	STREET		CITY OR TO	OWN	COUNTY	STATE	E
1		AT WORK LAT WO				1. 0	61	07.1	19		/>.		11.5
		220 I certify that (1) sow the decease) oftended the	e deceased from	001	d that in (my) (au	19 8	eoth occurred on the c			hot (I) (we)	
		obove, (I) (we) (c	did) (did not)	yew He body	ofter death.	U		A A	eoth occurred on the c	late and hour o		1	d
9	7 12	226. SIGNATURE	16 6	1 hou	1		DEGREE	NOING .	MEDICAL STA	FF	22c. DATE S	IGNED 19	Y-
4		27d. PHYSICIAN'S N	7	0 100	1		PHY 27e ADDRESS	SICIAN X	MEDICAL STA	CIAN	16.	1. 110	1
		CO. PHYSICIAN SIN	1000	1115	~		116 ADDRESS	_		1 1	10 2	1090	. 1
-	22- 0	>-14-1	DAY	·ur	122		WY 7	NAVEN	hisson C	24.7	HAICU	MM	ta.
	230 B	Burial Buria		73b. DATE			METERY OR CRE		23d. LOCATION	ما سد	COUNTY	STATE	E
	24 FU	INERAL DIRECTO	11	/ Jul	ie ozi		Burnie		REC'D. BY REGISTRAI	dge, 1	MAN SIGNAT	d, MI).
	250.0	Singleto	19	Gral I	lome some	Mary		11/1	N 8 4099	2	Town .	Friske	lie-
					4	TICLE	THE CHAIN		T U 1301	B PERMITTEEN T	The second second	9 9	

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP

MPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, th

The state of the s	47
The Continue of the little of	
of the many the property of the state of the	
Canada and the same and	
The state of the s	
	14 H 3 L 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
The state of the s	YS

15		322		STATE OF MARYLAND		
P	1.	FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	V 12	14159
		CEASED NAME FIRST	MI0001	LAST	REG. NO.	ONTH DAY YEAR 26 HOUR
9 7	1	GENT	RUDE L	GIFF.N	JUNE	29 1982 Y AM
8 4 ()	1 FE		RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHE	DAY) IF UNDER 1 YEAR IF UNDER 24 HR
e do de	/	Female	White	3-20-09	73	YRS
4 TE 10	70. 81	RTHPLACE HALL ON FOREIGN	E CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH
9 31 6 00 00 00 00 00 00 00 00 00 00 00 00 0) A C	TY OF TOWN OF DEATH	J NAME OF HOSPITAL NURSIN	WIDOWED DIVORCED DIVORCED GHOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	NDEZ N
4 特惠司	1	T FROM A	(IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)	TYPE OF WORK FOR MOST OF V	VORKING LIFE) INDUSTRY
Sinoy Ta	USU.	AL RESIDENCE OF MURSING HOME OR O	THER INSTITUTION GIVE RESIDENCE BEFORE		Homema	Ker Home
fill cools		TO A	Poncio		159-A LOV	xxx = 1 Ave 214
within a 2 sh	14 FA	THER'S NAME FIRST	IDDIF 4 LAST	15 MOTHER'S MAIDEN NA		VIEW IVE &
ored w		Jeve Ho	orton Laf	in Nora	Flizabo	th Barrett
Poges c		AS DECEASED EVER IN U.S. ARM	WAR OR DATES)	RITY NO. 17 INFORMANT	ADDRESS	14804 Anderson
	_	NO -	- 214761	6268 Mildred	M. G. thin	aborderidge, VA
physicio n popers movol.		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one cause per line for (a), (b), and BY:	1.11		BETWEEN ON ET AND DEATH
h certi orbon or rem		4360 IMMEDIATE	CAUSE (0) Masses			
Day of the		Conditions, if any, which	DUE TO, OR AS A CONSEQUE	ACC VD		
the de		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUE	NICE OF A A	<	
thot d by leose iol, cr		underlying couse lost	(c)	anstolie pyrata	usian	
quires signed hen pli to buri	N	PART 2 OTHER SIGNIFICANT CO	onditions <u>contributing to d</u>	EATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDIT	TON GIVEN IN PART 1(a)
been mit. T	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 2	Ob IF YES, WERE FINDINGS USED
hos hos	TEK				YES NOW	N CERTIFYING CAUSES OF DEATH? YES \(\bigcap \text{NO} \(\bigcap \)
No. 11 No. 11 No		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR 21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY II	
7- 61						
SiCIA ng ph ng ph certifi rial-tr rial-tr	ICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19		
SiCIA og ph certifi rigi-tr entol	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA	211 LOCATION	CITY OR TOWN	COUNTY STATE
G PHYSICIAl ottending pher this certification is the burial-transfer and Mental tred or Item.	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA	RM ETC) 211 LOCATION STREET		87
ENDING PHYSICIA tol or ottending ph DR. After this certifi r use os the burial-tr rule os the burial-tr lis morked or Item I	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHIE NOTIWHE AT WORK AT WORK 220.1 certify that (1) (this hospital saw the deceased alive an	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA	RM EIC) 21 LOCATION STREET	to June 28	19 82 that (1) (we) to
R ATTENDING PHYSICIA hospitol or ottending ph RECTOR. After this certifi hed for use on the burial-th hed, to theolth and Memal of them 21 is morked or Item 1	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. Certify that (I) (this hospita	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA	RM ETC) 211 LOCATION STREET	to June 28	. 19 82 , that (I) (we) lo and hour and from the causes stated
L OR ATTENDING PHYSICIAl the hospital or otherding physicial L DIRECTOR. After this certificated for use of the burial-trebed for use of the obtain of them 21 is morked or Item 1.	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE ALWORK 220. I Certify thought sow the deceosed olive on obove, (I) (we) (did) (did not)	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA	2 If LOCATION STREET June 28 , 19 82 2 ond that in (my) (our) opinion DEGREE ATTENDING	death occurred on the date	ond hour and from the couses stated 22c. DATE SIGNED
1. OR ATTENDING PHYSICIA the hospital or ottending ph I DIRECTOR. After this certifi- stached for use os the burial-trached for use os the burial-trached feelth and Memal II. If them 21 is marked or them 1	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE ALWORK 220. I Certify thought sow the deceosed olive on obove, (I) (we) (did) (did not)	21e PLACE OF INJURY (IAT HOME STREET, FACTORY, OFFICE, FA II) ottended the deceosed from JUNI 28 View the body ofter death.	2 If LOCATION STREET June 28 , 19 82 2 ond that in (my) (our) opinion DEGREE ATTENDING	to June 28 death occurred on the date	. 19 82 , that (I) (we) lo and hour and from the causes stated 22t. DATE SIGNED
1. OR ATTENDING PHYSICIA the hospital or ottending ph I DIRECTOR. After this certifi- stached for use os the burial-trached for use os the burial-trached feelth and Memal II. If them 21 is marked or them 1	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOTIWHILE ALWORK ALWORK NOT WHILE ALWORK ALWORK (I) (this hospito sow the deceased alive and above. (I) (we) (did) (did not) 22b SIGNATURE	21e PLACE OF INJURY (IAT HOME STREET, FACTORY, OFFICE, FA II) ottended the deceosed from JUNI 28 View the body ofter death.	2 If LOCATION STREET JULY 28 2 , 19 82 2 , ond that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	death occurred on the date	. 19 82 , that (I) (we) lo and hour and from the causes stated 22t. DATE SIGNED
O HOSPITAL OR ATTENDING PHYSICIA stoined by the hospital or ottending physicial bracertic house of the burial three burial three stores of the burial with the Store Dept. of Health and Mental MPORTANT: If them 21 is marked or Item 1		(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOTIWHILE ALWORK ALWORK NOT WHILE ALWORK ALWORK (I) (this hospito sow the deceased alive and above. (I) (we) (did) (did not) 22b SIGNATURE	1) ottended the deceased from	2 If LOCATION STREET JULY 28 2 , 19 82 2 , ond that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	death occurred on the date	. 19 82 , that (I) (we) lo and hour and from the causes stated 22s. DATE SIGNED
TO HOSPITAL OR ATTENDING PHYSICIAL retoined by the hospitol or ottending physicial TO FUNERAL DIRECTOR. After this certification of the described for use os the buriol-transit has been been should be detached for use os the buriol-transit has should be detached for use os the buriol-transit has should be detached for the buriol-transit has been should be	23a B	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHITE NOTIWHITE ALWORK 220. I certify hot (1) (this hospito sow the deceosed olive on obove. (I) (we) (did) (did not) 27b SIGNATURE 22d PHYSICIAN'S NAME (TYPE OR)	1) ottended the deceased from	211 LOCATION STREET JULE 24 , 19 82 2 , ond that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN [1] 22e ADDRESS 77 WM	death occurred on the date MEDICAL STAFF DIRECTOR PHYSICIAL ST Suite 2 1234 LOCATION CITY OF JOWN Brentwood	ond hour and from the couses stated 22c. DATE SIGNED

All Lawrence crimenal . If the practice presents ! for diagram of the second In Commercial States To M. Both 2861 0 5 MMC

JJE BURIAL CREMATION, REMOVA Burial

60

1.	FOR STATE REGISTRAR			DEPA	RTMENT OF H	E OF MARYLAND HEALTH AND MENTAL HYO FICATE OF DEATH	~ .	2 1	41	6 0
	CEASED NAME	1000		W000W		LAST .	2a DATE OF DE	ATH MONTH I	TEAR	29. HOUR
	Control of the Contro	Henr	Y B	ernard	G	ottschalk	June	18, 1982	2	1 23
). SE	X		4. RACE		5. DATE (6. AGE IMPEARS	ANT BRITISH TAN	PUNDER I YEAR	FORBERSENS
	Male		Whi	te		7 24,1903	78	YRS		HOUSE FAR
	RTHPLACE (1574	IE CH FOREIGN	AL CITIZEN OF	WHAT COUNT	RY? II	D NEVER MARRIED	1 BALTIMORE C	ITY OR COUNTY	OF DEATH	
Pe	nnsylv	ania	U.S.	Α.	WIDOWI		Ann	e Arun	lak	MD
E	nnapo	lis	Annel	Arunde	1 Ger	Hosp.	17s. USUAL OCC	UPATION MOST OF WORLING LPI	126 KIND O	Mail
13a	AL RESIDENCE (A.A		Glen C	OWN +	YES TO NO X		Lorine	Rd	
1.73	Bernar	đ	HIDDIK G	ottsch		Anna	**	obia	Myer	s
	VAS DECEASED : TEL NO ON UNKNOW NO		H WAR OF DATES	163-3+		Mrs Margar	aughter et I. R		Same A #13	s
2	-	immediate stoting the ouse last	1 10_	ONTRIBUTING	QUENCE OF	FR - 0		CONDITION GIVE	EN IN PART TIE	
CERTIFICATION	INE DATE OF O	PERATION	19E CONC	OTION FOR WH	ICH OPERATIO	N WAS PERFORMED	70s AUTOPSV YES [*] NO	IN CERTIF	WERE FINDING CAUSES	IGS USED OF DEATH?
	The second second second second	MEDICAL EXAMINE	4147	OF INJURY M. MONTH	DAY YEAR	21s HOW INJURY OCCUR	RED TENTER NATURE	CIR AND IN THE REAL PROPERTY IN THE REAL	MT LOKEART 25	
MEDICAL	THE INJURY OF	CURRED Of White	21s. PLACE	OF INJURY	CE TARK ETC.)	THE LOCATION	0	v Dil TOWN	COUNTY	FEATE
		at (I) (this hasp coored alive on we) (bid) (did no		to deceased to		nd that in Imy! (our) opinion	death occurred on	the date and hour		that (i) (we) last causes stated
	oute	1	A Sh	hon	D.		MEDICAL DIRECTOR D	STAFF HYSICIAN [Zh. DATE	SIGNED
-	Arth	er H.	Schw	Artz	/	72e ADDRESS				BEN.
Ja. I	Buria	ON, REMOVAL	June 1982	24,		enetery or Crematory	Munha	IWN	1 leah=	ny Po

DHMH - 16 50M 1/81 (VRA 15, 4)

Singleton Funeral Home, Glen Burnie, Md.

154 DATE REC'D. BY REGISTRAN 256 REGISTRAR CONATUR

The second second second their as the second Age of the Control of ACAT AND SELECTION INTEREST TO A CALL TO THE RESERVE TO THE RESERV

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REET ADDRESS 78 HO9 / MIDDLE	IF UNDER 1 YEAR IF UNDER 24 HR. MONTHS DAYS HOURS MIN. SS. NIY OF DEATH COUNTY MD 126 KIND OF BUSINESS OR
TIMORE CITY OR COULD SUAL OCCUPATION OF WORK FOR MOST OF WORKING ADDRESS ADDRESS	IF UNDER 1 YEAR IF UNDER 24 HRIMONTHS DAYS HOURS MIN. RS. NTY OF DEATH COUNTY MD 126 KIND OF BUSINESS OR HOURS MIN. MOLEFEL INDUSTRY BASINESS OR
TIMORE CITY OR COULD SUAL OCCUPATION OF WORK FOR MOST OF WORKING WORK FOR MOST OF WORK FOR WORK FOR MOST OF WORK	IF UNDER 1 YEAR IF UNDER 24 HRIMONTHS DAYS HOURS MIN. RS. NTY OF DEATH COUNTY MD 126 KIND OF BUSINESS OR HOURS MIN. MOLEFEL INDUSTRY BASINESS OR
TIMORE CITY OR COUNTY OR COUNTY OR COUNTY OR COUNTY OR COUNTY OF WORK FOR MOST OF WORKING OF THE COUNTY OF T	NTY OF DEATH COUNTY MD 126 KIND OF BUSINESS OR INDUSTRY ENORM OF REAL
TIMORE CITY OR COUNTY OR COUNTY OR COUNTY OR COUNTY OR COUNTY OF WORK FOR MOST OF WORKING OF THE COUNTY OF T	NTY OF DEATH COUNTY MD 126 KIND OF BUSINESS OR INDUSTRY EXECUTED INDUSTRY COUNTY COUNTY MODERN Red
SUAL OCCUPATION OF WORK FOR MOST OF WORKIN OF WORK FOR MOST OF WORK FOR WO	176 KIND OF BUSINESS OR HOUSTRY WORK WORK WORK MACK Red
F WORK FOR MOST OF WORKING F G M & D REET ADDRESS, MIDDLE ADDRESS	VOCK Rd
ADDRESS	
ADDRESS	
	MEDICAL IN THE
	DOWA, Mb
	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
an and	
isease or condition	GIVEN IN PART TO
IN CE	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
NTER NATURE OF INJURY IN ITEM	
chi on yours	COUNTY STATE
ccurred in the date and	hour and from the causes stated
TAIN ROAD	22. DATE SIGNED
	COUNTY STATE
	AUTOPSY? ON THE NATURE OF INJURY IN THE MACCOUNTED IN THE MACCOUN

DHMH - 16 50M 1/81 (VRA 15, 4)

IMPORTANT: If them 21 is marked or them 18 shows any injury, ar other traumatic event, the medical examine

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physici should be detached for use as the buriol-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remayal.

				1
7.5		THE SAME	3-1-10	
		310 - 310	614 47.43	
ARRIVAD SAN				
4.5 KANA 600 4 T 12		KY SLAUN	44	
		N.Y.	D. Lake . B.	
we because were on	the area		N-A.	
D STATE OF S				
Paramer Whi		An Francis	Burne	
	77.0	14 17 18 18 18 18 18 18 18 18 18 18 18 18 18	Manual market	

SA	1 - STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENTAL HYGIENES 2 CERTIFICATE OF DEATH REG. NO.						
y be good a second	I. DECEASED NAM	enry	Edwa	and Co	reen	2e. DATE OF DEATH	MONTH DAY YE	2b. HOUR 82 M	
le 4 may	3. SEX MALE		race NEGRO	5. DATE (6 AGE (IN YEARS LAST BIT		YEAR IF UNDER 24 HRS DAYS HOURS MIN	
eoth. Peg	MARYLAND	TATE OR FOREIGN 76	U.S.A.	OUNTRY? I. MARRIE WIDOWI	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEA		
s ofter d	ANN APOLI				OR OTHER INSTITUTION	128. USUAL OCCUPAT (TYPE OF WORK FOR MOST		IND OF BUSINESS OR	
MARYLAND 2120 red within 24 hours ond 2 should be fit exammer must be	USUAL RESIDENCE 130. STATE MARYLAND	E (IF NURSING HOME OR OT A . A .	Y 13c C11	IDENCE BEFORE ADMISSION) IY OR TOWN IAPOLIS	138. INSIDE CITY LIMITS?	13e STREET ADDRESS. 2050 Par	ker Drive		
E, MARYLA cuted within completely s 1 and 2 sh	14. FATHER'S NAM	E DWARD ME	DDLE	GREEN	IS. MOTHER'S MAIDEN NA FRANCES	AME	MI	TCHELL	
BALTIMORE, I	160. WAS DECEASE VES NO OR UNKN	ED EVER IN U.S. ARMI	ED FORCES? 16b. SO	OCIAL SECURITY NO.	17. INFORMANT MARY A. GREE	ADDR N 2050 Park		apolis, Md.	
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BAL NG PHYSICIAN: The low requires that the death certificate ottending physicion. Iter this certificate has been signed by the ottending physici as the buriol-transit permit. Then please remove carbon paper h and Mental Hygiene prior to buriol, cremotion, or removal, orked or them 18 shows ony injury, or ather traumatic event, th	gave rise couse (a) underlying PART 2: OTI		(b) DUE TO, OR AS A C (c) ICI INDITIONS CONTRIBU	CONSEQUENCE OF CONSEQUENCE OF UTING TO DEATH BUT OR WHICH OPERATIO	NOT RELATED TO THE TER/	MINAL DISEASE OR CON	NDITION GIVEN IN PA		
The low icion. The hos be nsit permit regione prices shows on)	RTIFIC	orași anti-	The second second	n vocestygy destolates		VES NOD	IN CERTIFYING CA	NO [
DIVISION OF VITAL R DING PHYSICIAN: The Is or oftending physicion. After this certificate has e as the buriol-transit per oith and Mental Hygiene morked or them 18 shpws	DR CONTRIBUT	T WAS UNDERLYING THE OF DEATH THY MEDICAL EXAMINER)	HOUR A.M. MO P.M. The PLACE OF INJU	ONIH DAY YEAR 19	THE HOW INJURY OCCUR	RED. (ENTER NATURE OF SALE	URY PARTEM IS PART) CREW	H 2)	
DIVISIC NG PHY offer this as the b th and n	WHEE C	HOT WHILE	(AT HOME, STREET, FACT	ORY, OFFICE, FARM, ETC.)	STREET STREET	CITY ON 10	WN COUNT	Y EFATE	
OR ATTEN bospital IRECTOR: ched for us oppt. of Hem 21 is	278. SIGNAL	that (I) who hospital deceased alive as [] I was taken tolid not] tolid not] tolid not] tolid not] tolid not] tolid not] tolid not [] t	view the body other de	2.300	19.77 Indition (my) seems opinion DEGREE ATTENDING PHYSICIAN 22e. ADDRESS	death occurred on the s	AFF 224.1	n the course stated DASE SUBNED	
TO HOSPITAL (retained by the TO FUNERAL IS should be detained the State IMPORTANT; if	230 BURIAL, CREM	RICHAR	ST NOC		16 MUVTI EMETERY OR CREMATORY	AV AVE. 23d. LOCATION CITY OR TOWN	Anna. 1	M) 21401	
DHMH-16 60M 1/73 (VR A 15 (4))	BURTAL 24 FUNERAL DIRE WILLIAM	ctor REESE & SI	6-8-1982 Annap ONS MORTUA	olis. Md.	WN MEM. PARK 250. DA JUN	Annapol TE REC'D. BY REGISTRAL 10 1982 7	15 A.A. R 256. REGORAR'S SIG	Maryland Mulken	

h h the state of the state of the state of

	FOR
-	STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

4	1	6	3
			-

7		REGISTRAR				CERTIF	FICATE OF DEAT	TH .	REG.	NO		
		CEASED NAME	FIRST		MIDDLE		LAST		20 DATE OF DEATH		AY YEAR	th HOUR
	1	K	enne	th I	Earl	Gre	enwaldt		June 1	2, 198	32	M
	3. SE	X		4 RACE		5. DATE (6. AGE (IN YEARS LAST			IF UNDER 24 HRS.
		Male		Whit	e	Mar		932	50	YRS.	ONTHS DAYS	HOURS MIN.
1	7a. BI	IRTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MADDIE	D NEVER MARR	70.	9 BALTIMORE CITY		OF DEATH	
0		aryland			5.A.	WIDOWI	ED DIVORC	ED 🔲	Anne A	rundel	L Count	ΞΥ, мр.
3	A	nnapolis		Anne	HOSPITAL, NURSING Arunde	ADDRESS) L Ger	orother institut	0 •	12a USUAL OCCUPA (TYPE OF WORK FOR MOS Foreman	OF WORKING LIFE	12b. KIND OF INDUSTRY B.G.	BUSINESS OR E.
6	13a. S M:	AL RESIDENCE (# NUR STATE aryland	13b COU		GIVE RESIDENCE BEFORE 131. CITY OR TOW Arnold		13d INSIDE CITY LI	X	13e STREET ADDRESS			
2		Edward			Preenwal		Carr:	ie	WIDDIE		Beefe	
	16a W	VAS DECEASED EVER Yes no or unknown) Yes		MED FORCES?	21 2 · 28		Mrs. 1	(Wi Patr	fe) ADD icia A.		ne as t valdt	‡ 13
		18 CAUSE OF DEAT	TH (Enter or	nly ane cause per	line for (a), (b), an	d (c).)		1			APPROXIMA BETWEEN ON	ATE INTERVAL
		PART I. DEATH WAS CAUSED BY: (1679 IMMEDIATE CAUSE 10) CAR CINOMA OF CONF										
		DUE TO, OR AS A CONSEQUENCE OF										
		Conditions, if any		(d)_							TO SEN	
	100	gave rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF										
		underlying cause	e last	(c)_								
	7	PART 2 OTHER SIG	NIFICANT (CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO T	HE TERMI	NAL DISEASE OR CO	NDITION GIVE	N IN PART Tra-	4 11 1
	101								40.00			
1	CERTIFICATION	190 DATE OF OPEN	A A	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED		20a AUTOPSY?		WERE FINDING	
7	CER	21a. ACCIDENT WAS UN					21c. HOW INJURY	OCCURRE	D (ENTER NATURE OF IN			
1	AL	OR CONTRIBUTING		110	M. MONTH DI M	AY YEAR						
	MEDICAL	21d. INJURY OCCUR		1 21e PLACE			211 LOCATION		CITY OR	OWN	COUNTY	STATE
	~	AT WORK AT WO	DRK N	XA	and the same of th							
		22a I certify the				JA	, 19	8-1	_, to	12 1	-	at (1) (we) last
		saw the deceas above, (1) liwe) (ed alive an	the bady	after death	, or	nd that in (my) (aur)	opinian d	eath accurred on the	date and haur	and from the co	uses stated
ü		226. SIGNATU	and a	605-			DEGREE ATTEN	DING	MEDICAL ST.	AFF .	22c DATE 61	GNED
		UVE	Osphi	M-084			PHYSI	CIAN [DIRECTOR PHYS		011	4/82
		NUNDYA	TW	V-REI	Dy.		Boct B	22 - M	S. Green	e 87.	- U-M.	.c.c
	23a B	URIAL, CREMATION,					EMETERY OR CREM		TIL LOCATION		COUNTY	STATE
	04.5:	Buri	al	15 Jui	ie 82 Me	eadow	ridge Me	em.P	k. Elkri	dge, H	low.,	MD.
	24. FU	Singlet	14/19	1/1000		len	Burnie,	25a. DAJE	N 1 / 1982	R 25 GISTR	AP SIGNA	Tool.
		STUGTER	OH F	uneral	Home	MD.		-	1 1000		0	

MD

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remove carbon papers. P with the State Dept. of Health and Mental Hygiene priar ta burial, crematian, or removal. IMPORTANT: If Item 21 is marked at Item 18 shaws any injury, at ather traumatic event, the

CONSTRUCTION OF THE STATE OF TH		
N STEEL STATE OF STAT		
anumo describilitaria		
ar a		
	Martin Commence	
The second secon		
The second of American		
	Z. YEV	
	- Add count	
3.3 May - 12 May 1 1 1 2 Ar	SELECTION AND AND AND AND AND AND AND AND AND AN	
THE RESERVE THE PROPERTY OF THE PERSON OF TH		

10	1-	FOR Elsie Mae STATE REGISTRAR Groo	ms M	DEPARTMENT OF	HEALTH	MARYLAND I AND MENTAL HYC CERTIFICATE OF		4 1 6 4
	3. SE:	F W	5. DATE OF BIRT MONTH DAY	H YEAR 6. AGE WYE	RS. MONT	NDER 1 YR. IF UNDER 24 HS DAYS HOURS M	HRS. 2c. DATE PRONOUNCED DEAD	MONTH DAY YEAR 20 F
ELAY IS NEED TO THE FUNES I PAGE 8 FOO SE 201 WIPE SE 201 WIPE	10. C	en Bornie	Nok H	OSPITAL, NURSING HOM ACILITY GIVE STREET ADDRESS)	WIDOV E, OR OTH		- ANNE A	TYPE OF WORK 126. KIND OF BUSINES OR INDUSTRY U.S. GOV
F ANY D AND 3 RETAIN RECORD	130.5	AL RESIDENCE (IF IN NURSING HOM	E OR OTHER INSTITUTION,	GIVE RESIDENCE BEFORE ADMISS	ION)	13d. INSIDE CITY LIMITS? YES NO 13	7966 Poster	
DEATH DEATH PAGES 1.2. WW PM 3.3. WW PM 3.3. WW PM 3.3. WW PM 3.3. WW PM 3.4.	1	ATHER'S NAME First Grover	MIDDLE C.	Paul		15. MOTHER'S MAIDEN I FIRST Ruby	R.	Ruark
J. BALTIMORE. JAS AFTER DEA S. GIVE PAGES WITH FORM P I. PAGES 10M DIVISION OFW	160. V	WAS DECEASED EVER IN U.S. A res, no, or unknown) (if yes, gn	RMED FORCES?	216-34-30		Marvin Gro	oms Jr. (same	
ITAL RECORDS, 201 W. PRESTON ST., HOULD BE EXECUTED WITHIN 24 HOURD RP. PENCIL IN ITEM 18 HOUSED AS A BURIAL- TRANSIT PREMIT. OF HEALTH AND MENTAL HYGIENE, D RIALL CREMATION, OR REMOVAL.	N	Condition I any which gove rise to immedio couse (o) stoting the underlying couse lost. PART 7 OTHER SIGNIFICANT CONDITION	te (b)	OR AS A CONSEQUENCE		E OR CONDITION GIVEN IN PART 1	(0),	luctes
S VITAL REC SHOULD BI WORD "PENIE E CHIEF ARE BE USED AS NT OF HEAL!	CERTIFICATION	190. DATE OF OPERATION	19b. CONI	DITION FOR WHICH OPER	RATIONW	AS PERFORMED?		20 AUTOPSY?
CERTIFICATE STING THE WO THE OF THE OF THE OF THE OF THE OF ASSAULLE OF SAFOLLE OF THE	CALCERT	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF	HOUR A	OF INJURY .M. MONTH DAY YEA .M. 19	R 21c. H	OW INJURY OCCURRED 1	ENTER NATURE OF INJURY IN ITEM	
DIVISION OF VITA BE, THIS CERTIFICATE SHC ATE, WRITING THE WORE ORWARDED TO THE CHI PR: PAGE 3 SHOULD BE UF FE STATE DEPARTMENT ON UP, 21201 PRIOR TO BURI	MEDICAL	218. INJURY OCCURRED WHILE AT WORK AT WORK		E OF INJURY (AT HOME, ACTORY, FARM, ETC.)		CATION	CITY OF TOWN	COUNTY S
TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST PALIMORE, MARYLAND, 3		220. I certify that I taok cha death resulted from: No ACTUAL SIGNATURE	rge al the remains d Ad couses 2,		Autop vicide		Inquiry	DATE SIGNED 6.17. 8
O MEDIC XECUTE T AGE 4 SI O FUNER FITER DEA ALTIMOR		EXAMINER'S NAME (TYPE OR PRINT)	LINHA	RDT.MD		ADDRESS	polis, ne	· S
BP		URIAL, CREMATION, REMOVAL SPECIFY) Burial UNERAL DIRECTOR Balt	6/30/82	Meadowr		Memorial	Balt Imore	COUNTY STATE Md. GISTRAR'S SIGNATURE
DHMH - 17 (VR A15 ME (5)) 15M 2/80		orge J. Gonce	ADDRE	1225 1 Ritchie H	gwv.	JUN	29 1982 7	rea Van Warthen

and the state of t Condition for the state of 27 Table 1. The state of the s AND THE RESERVE OF THE PARTY OF And a street of the world and the state of the Compared to the state of the st

16	1.	FOR STATE REGISTRAR	DEPARTA		FICATE OF DEATH	REG. NO.	14105
(NA)		CEASED NAME FIRST Herber	M •		Hall Sr.	20 DATE OF DEATH MONTH	23 82 AM
W	3. SE	x Penale	4 RACE Black	5. DATE (6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 MRS
By By		IRTHPLACE (STATE OR FOREIGN COUNTRY) ryland	76 CITIZEN OF WHAT COUNTRY? U. S. A.	MARRIE WIDOW	D NEVER MARRIED DIORCED	Anne Arunde	UNTY OF DEATH
i i bo	El	ITY OR TOWN OF DEATH Kridge	11. NAME OF HOSPITAL, NURSIN 5 108 LUCH FACILITY GIVE STREET	Aver	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Laborer	ING LIFE) 17.6. KIND OF BUSINESS OR INDUSTRY JOHN SONS
ly filled in should be in should be in	130. S Ma	ryland Anne	OTHER INSTITUTION GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	Elkridge, Ma	8 Furnace Avenue ryland 21227
omplete ond 2		Richard	MIDDLE Hall		is mother's maiden name Martha	MIDDLE	LAST
be execution and cuts. Pages the medical	16a V		MED FORCES? 166 SOCIAL SECU 218-03-		A Mrs. Albe	ridge, ADDRESS M erta Hall 57	aryland 21227 08 Furnace Ave.
that the death certificated by the attending physic sease remaye carbon paperal, cremation, or removal rather traumatic event, t	D Cres	PARTI. DEATH WAS CAUSE	ly one couse per line for (a). (b). one D BY: E CAUSE (a). DUE TO, OR AS A CONSEQUE (b). DUE TO, OR AS A CONSEQUE	Weefl Weefl	an drieny	inthe deemy	APPROXIMATE INTEVAL BETWEEN ONSET AND DEATH WHAT MINTE
ow requires been signed rmit. Then pl prior to buri ony injury, o	CERTIFICATION	PART 2 OTHER SIGNIFICANT (ONDITIONS CONTRIBUTING TO D	X	Foe.	20a AUTOPSY? 20b. I	N GIVEN IN PART 110 IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?
SICIAN: The Ing physician. certificate has rial-transit per ental Hygiene litem 18 shows		210, ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DA		21¢ HOW INJURY OCCURR	YES NO	YES NO
uG PHYSIC attending ter this ce is the buric hand Men	MEDICAL	CIFETHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	1 P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	19 IRM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDIN naspital or tECTOR: At ed for use a or. of Health		22a.1 certify that (I) (this hasping some the description of the control of the c	tol) attended the deceased from 19	82.	nd thoun (my) (our) opinion of	to 2	d hour and from the causes stated
TO HOSPITAL OR retained by the F. TO FUNERAL DIR should be detacht with the State Document to the State Document of the State Docume	18 X	22d PHYSICIAN'S NAME (TYPE OF Dr. Mech Sr		, m	ATTENDING PHYSICIAN PAYSICIAN PAYSIC	MEDICAL STAFF DIRECTOR PHYSICIAN	220 DATE SIGNED
retor 70 shoot with		BURIAL, CREMATION, REMOVAL	23b. DATE 23c. N	AME OF C	EMETERY OR CREMATORY	234 LOCATION	(0)
BP DHMH - 16 50M 1/B1 (VRA 15, 4)	24 FU	Burial JNERAL DIRECTOR BALTIN	6/30/82 Pro MORE, MISSE BRENNERALHOME 3	VCAN!	Ville Vet.Ce 2/2/2/2 250. DATH // NOITH AVE.	en. Anne Aru e rec'd. By registrar 256 re	ndel County, Md.

	A Book turn		
			2.60 m.
Lecture and the		0 0 0	
			1,050,2127
			LE AVE
		the second second second second second	
The Walket			

1				STATE OF	MARYLAND				, ,
1	1.	FOR STATE	DEPA	RTMENT OF HEALT	H AND MENTAL HY	GIENES Z	1 4	1 6	0 0
100		REGISTRAR			TE OF DEATH	REG. NO			
COLUMN A		CEASED NAME FIRST	WIDDLE	ŁAST	2	20 DATE OF DEATH	MONTH DAY	-	26 HOUR
THEOR WILL		LEONA		es HH	22		6 3	82	7,30 M
4 0 5	3. SE	X M	RACE A 1/ .I.	5. DATE OF BIR	TH DAY YEAR	6 AGE TIN YEARS LAST BIRT	HDAY) IF I	UNDER I YEAR	HOURS MIN.
oge rurs o	-	1'lale	White	March	24,1905		YRS		
7 2 hod	7a B	RTHPLACE ISTATE OR FOREIGN 76	CITIZEN OF WHAT COUNTE	MARRIED	NEVER MARRIED	BALTIMORE CITY OF	COUNTYO	FDEATH	
de de L	10.0	IVII	USA	WIDOWED	DIVORCED [Hone		del	MD.
the dwift	10.0	TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STI		HER INSTITUTION	12a USUAL OCCUPATION	WORKING LIFE)	12b. KIND OF INDUSTRY	BUSINESS OR
1201	1=0	gewater 3	334 Kivers		ad	Newspaper	man (Ro	A Ass	o. Tress
24 hou 24 hou ould be	130	AL RESIDENCE (IF NURSING HOME OR OT STAIN 13b COUNT)			INSIDE CITY LIMITS?	13. STREET ADDRESS.		0 1	
AN Fill 2		UD HE	1. Edger	water YE		334 Kive	rside	Road	21037
within within d 2 sh	14. F	THER'S NAME	DDLE LAST	15. ^	NOTHER'S MAIDEN N.	AME		LAST	
make where we have a worker where we have a worker where we would be a worker where we will be a worker where we would be a worker where we will be a worker where we would be a worker where we will be a worker with the worker where we will be a worker with the worker where we will be a worker where we will be a worker with the worker where we will be a worker where we will be a worker with the worker where we will be a worker where we will be a worker with the worker where we will be a worker with the worker where we will be a worker with the worker which we will be a worker with the worker which we will be a worker with the worker will be a worker with the wor		charles t	Hal	1	Mary			Lear	nard
MORE e exect		VAS DECEASED EVER IN U.S. ARME	VAR OR DATES)	/ - N	NFORMANT	ADDRES	Sai	me a	2
9 00		YES 1942-1	1945 3:12-0	5-2098 11	Jarian 1	r.Hall	_	#13	
T., BAL.		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	DV 14	angle of				BETWEEN ON	ATE INTERVAL
N D O O O O		IMMEDIATE		taile	20			Wee	ko
he death ce he ottendin emove carb matian, ar		1000	DUE TO, OR AS A CONSE	JENCE OF	110	1 0		1	
deo deo otte		Canditians, if any, which gave rise to immediate	(16) Wide	4 meto	static	adeno Caro	ihomo	1400	ar
0 0		cause (a), stating the	DUE TO, OR AS A CONSE	JUENCE OF A	1 1 -	_			
d b db ens		underlying cause last.	(c)	of	prostal	e		448	ais.
oures signe sen ple sen ple ouy, s	z	PART 2 OTHER SIGNIFICANT CO	nditions <u>contributing</u> 1	O DEATH HUT DOT	RELATED TO THE TER	MINAL DISEASE OR COND	ITION GIVEN	IN PART Tra	
	CERTIFICATION	No. of Contract							
te law range has bee premit.	S.	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WA	AS PERFORMED	200 AUTOPSY?		VERE FINDING	
VITAL N: The yssicion core his ransit p Hygien 18 sharp	ERTI	210. ACCIDENT WAS UNDERLYING	ATT THAT OF INTUINY	Ta.	HOW IN LEVEL OF COMM	YES NO	YES [NO 🗌
PHYSICIAN: ending physic this certificat this certificat and Mental Hyand Amental Hyand and Mental Hyand and Item 18 s		OR CONTRIBUTING CAUSE OF DEATH	216 TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	HOW INJURY OCCUI	RED (ENTER NATURE OF INJUR	IN ITEM IB PART	1 OR PART 2)	
ON OF HYSICIA ding pil ding pil sis certif burial-t Mental-t	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19	10017011			200	
UISIOI G PHY err this s the bu	MEC		218 PLACE OF INJURY (AT HOME STREET FACTORY OFFI		LOCATION	CITY OR TOW	IN .	COUNTY	STATE
DIVISION DING Par after the as the marked		AT WORK AT WORK	- /	100	7	Your	1		
7 - ~ 5 9 4		220.1 certify that (I) (this hospital	n - 2	0-)	t in (my) (contapinian	, to	19.		at (I) (we) last
R ATTER haspito RECTOR red for red for rem 21 i	100	abave, th (we) (did) (did not) y	view the bady after death.			death accurred an the da	e and naur ar		
0 = 0 00 4		12 / 12,	har la	DEGR	ATTENDING PHYSICIAN	MEDICAL STAFF		22c. DATE SI	GNED
4 4-2-		LUX B. VCL	Cous m			DIRECTOR PHYSICI		0-3	-02
HOSPIT ined by FUNER wild be on the Str		224 PHYSICIAN'S NAME (TYPEORPI	20 K	120	ADDRESS	12. 1.		4 1-	111-0
TO HOSPIT etained by TO FUNER, should be se with the Str		ITEIZKI-VE	KXOHW	1/	419 rures	LOY, HAM	apolic	2 Md	11403
	230 E	URIAL, CREMATION, REMOVAL	23b. DATE 2:	BE NAME OF CEMET	ERY OR CREMATORY	23d LOCATION		OUNTY	STATE
BP	24 5	remation	June 4,1982 1	T. Line		Brentwo		P.G.	WA
DHMH - 16 50M 1/81 (VRA 15, 4)	29 1	INERAL DIRECTOR	1 C AVAPES	s	25g PA	TE REC'D. BY REGISTRAR 2	PAREGISTRA	RE SIGN WILL	The same
	11	onn II)- laylor	2 Jons He	mapalis:	mil	1 7 100C J	· married	15	

CENTRED CHARLES WITH CO. L. F. S. F. E. T. S. Let you the residence is a survey of the little of the land of the brancach property with I will be selected (1) Enter leading In deligate the tell of the collection of the conand see become of the little and mitalians

Lu Funeral Home Mountain &

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

The service					
			Take I was		
	Calman mane				.1
	Junganitan		7 Jeales II.		
	ST Pleasing Vis.	× = 1	andel Liverin Bel.	in the Sales	
	annord to		January,		
	ie, sent as 13		and the second	Ages place and the second	
		5 32 3			
			50×02 ×		
	0.M.m. 3100	w.sasua			
		W. SISENS			

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYCIENE

- STATE REGISTRAR	0017		ICATE OF DEATH	REG. N	0.	4100
1. DECEASED NAME FIRST	BODIE	4191	Hey Hartley	2e DATE OF DEATH	MONTH DAY	82 1131
3 SEX PEMALE	White	S. DATE O	P JAZ	6 AGE IN YEARS LAST BIR	YRS.	NDER I YEAR IP UNDER 24 HRS HS DAYS HOURS MIN
70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) West Virginia	76 CITIZEN OF WHAT COUNTY	WIDOWE		ANNE AR		DEATH M
IN CITY OR TOWN OF DEATH		Calling	or other institution	128 USUAL OCCUPAT (TYPE OF WORK FOR MOST O Accountan	OF WORKING LIFE)	26. KIND OF BUSINESS ON NOUSTRY Retired
13a STATE 13b COU		TOWN	13d. INSIDE CITY LIMITS? YES \(\begin{align*} \text{YES NO } \\ \text{15. MOTHER'S MAIDEN NA} \end{align*}	13e. STREET ADDRESS 280-C Hil	ltop Lar	ne
George Clin			Anna	Belle		LAST V SON
160 WAS DECEASED EVER IN U.S. AF (YES NO ORUNKNOWN) (IF YES, GI	VE WAR OR DATES)	SECURITY NO. 15-31.52	Barbara B. C	rawford (Sa		3e)
18 CAUSE OF DEATH (Enter a PART I. DEATH WAS CAUSI IMMEDIA Canditians, if any, which gave rise ta immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONS	EQUENCE OF	my arre	rosis		APPROXIMATE INTERVAL BETWEEN ONSEL AND DEALM
PART 2 OTHER SIGNIFICANT METASLATIC 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING	- 1 6	ed car	cinoma; Co	ronany art.	20b. IF YES, WE IN CERTIFYING	ERE FINDINGS USED G CAUSES OF DEATH?
210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		BAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	YES THE TEM 18 PART I	ORPART 2)

1- L P.M. 0 21e PLACE OF INJURY

(AT HOME STREET, FACTORY, OFFICE FARM, ETC.)

211 LOCATION STREET

CITY OR TOWN

COUNTY STATE

NOT WHILE

226. SIGNATUR

Burial

FOR

22a.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an abave, (I) (we) (did) (did not) view the bady after death

and that in (my) (aur) apinian death accurred on the date and haur and from the causes stated

DEGREE

ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22c. DATE SIGNED

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

22e ADDRESS

GOLD STEIN in D 230 BURIAL, CREMATION, REMOVAL 236. DATE

23c. NAME OF CEMETERY OR CREMATORY Maple Hill Cemetery

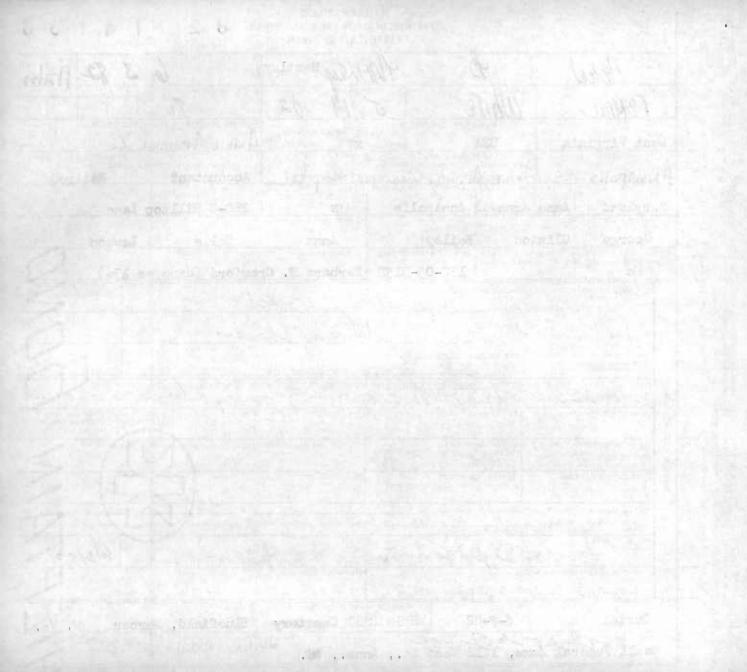
23d. LOCATION

DHMH-16 50M 1/B1 (VRA 15, 4)

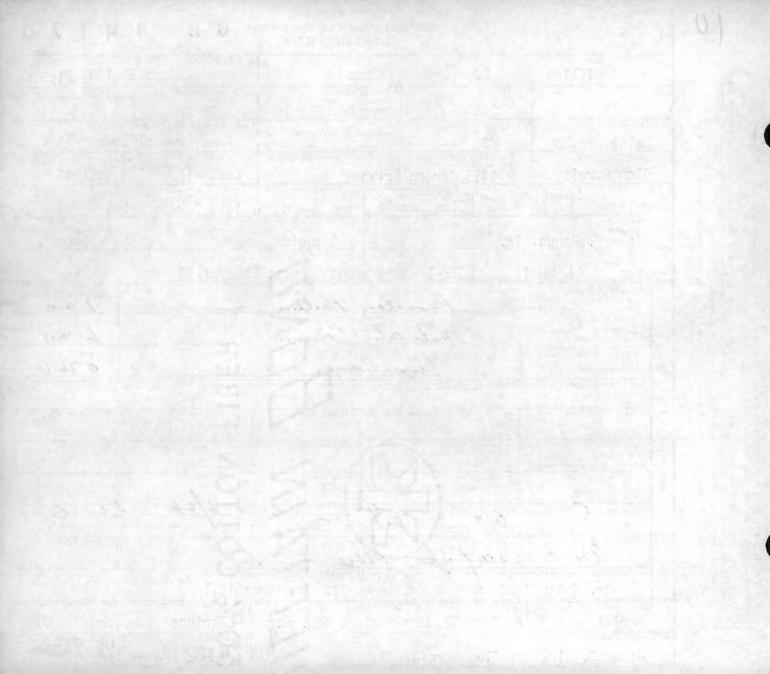
BP.

MPORTANT

West St., Anna., Md. Funeral



	ŧ	-30a 15				
						Control of
on its in greater he		. for are	dvb.	.4.8		
almost .V.	in out		Yall.			06
(atlas mess avoil						Or .
					THE STATE OF THE	
man fra 25 389 0 1 H	Tal versus me			A verin		



1		FOR			DED		E OF MARYLAND BEALTH AND MENTAL HYG	O O		.0 1	49	
	1 -	STATE REGISTRAR			DEF		ICATE OF DEATH	REG. N		4 1	/	1
		CEASED NAME	FIRST	/	MIDDLE		TAST	20 DATE OF DEATH	MONTH DAY	YEAR	2b HOUR	
Ĭ	(TYPE	OR PRINT)	LICE		T.	HE	ALY	June	20 '	82	1	AM
	3. SE	Х		4 RACE		5. DATE O		6 AGE (IN YEARS LAST BIR	THDAY) IF UN	NDER) YEAR	IF UNDER 74	4 HRS
		Female	22,5	White		1	10 11	71	YRS	DATS	NOURS	MIN.
6		RTHPLACE STATE ORF	OREIGN	76 CITIZEN OF	WHAT COUN	TRY? 8	XXX NEVER MARRIED -	9 BALTIMORE CITY O	R COUNTY OF	DEATH		
1		Atianta Ga		U.S.A		WIDOWE		Anne Arun		122		MD.
1	10 CI	ITY OR TOWN OF DEA	ТН	(IF NOT IN SUC	H FACILITY, GIVE:	STREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION OF OF WORK FOR MOST C		26 KIND OF	BUSINES	SOR
-/	WISD.	Annapolis AL RESIDENCE (IF NURSI	NC HOME OR			General	Hosp.	Housewife				
6	13a. S		13b COUN A.A	TY	13c CITY OR Shady	TOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 4960 Bonni	ewood, Dr	۲,		
2	14 FA	ATHER'S NAME	^	AIDDLE	LAS'		15 MOTHER'S MAIDEN NA	ME		LAST		
6	Th	nomas J. Tay					Lizzie Bell			LASI		
		VAS DECEASED EVER		MED FORCES?	16b SOCIAL	SECURITY NO.	17 INFORMANT	ADDRE	SS			
		NO	NON		2146	60197	Frank J.Hea	ly Same	as (13)	1		
		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I, DEATH WAS CAUSED BY: MD 1660 T 1640 T 1640 T										EATH
H		2028	IMMEDIAT.	E CAUSE (o)	VIPLA	-NHU1	27/N,3/10/					
H		Conditions, if ony,	which	1	R AS A CONS	EOUENCE OF						
	14	gave rise to imm cause (a), stating	nediote	DUE TO O	DAS A CONS	EQUENCE OF						77
		underlying cause		(c)	AS A CONS	EOOENCE OF						
	7	PART 2 OTHER SIGN	IIFICANT C	ONDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN II	N PART 1 o		
	CERTIFICATION											
4	FICA	19a. DATE OF OPERAT	ION	196. CONDI	TION FOR W	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WE	G CAUSES	OF DEATH	1?
1	ERTII	71a ACCIDENT WAS UND	ERIVING ET	21b. TIME O	E INTUIDY		Tale How Bulling occupy	YES NO	YES [4	NO 🗌	
3		OR CONTRIBUTING C	AUSE OF DEAT	HOUR A.	M. MONTH	DAY YEAR	21c HOW INJURY OCCURE	CED (ENTER NATURE OF INJU	RY IN ITEM IB PART I	OR PART 2)		
	MEDICAL	214 INJURY OCCURR		P. PLACE (19	21f. LOCATION				_	
	ME	WHILE NOT WHI	ILE 🗆	(AT HOME STR	EET, FACTORY OF	FFICE FARM ETC)	STREET	CITY OR TO	WN	COUNTY	STA	ATE
		220 I certify that (I)		ol) ottended the	e deceased fi	rom		, to			hat (I) (we	e) fost
		sow the decease above, (1) (we) #d	d olive on and) (did not	view the body	ofter death.	.19, or	nd that in (my) (our) opinion	death occurred on the de	ote and hour and	d from the c	ouses state	ed
	1	22b. SIGNATURE	, ,	1 -	1	le	DEGREE ATTENDING	_ MEDICAL STAI		221. DAJES	IGNED	
		/(.13	ilen	the	t. (4	, 42	PHYSICIAN [DIRECTOR PHYSIC		6/20	>	
		22d. PHYSICIAN'S NA		PRINT}	D G-3		22e ADDRESS	MA				
_	22. 5	Dr. R.I		Ton pier	Dr.Col		Annapolis					
		BURIAL, CREMATION, I	KEMOVAL	23b. DATE	10		EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	co	UNTY	STA	TE
	24 FI	Burial UNERAL DIRECTOR		6-23-8	52	Our La	dy of Sarrows	West Riv		SSIGNIATE	Md	•
		ALL LES MESSION					230 DAI	L NEC D. DI NEOISIKAK	THE WEODING	SUITE	1	

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

Hardesty Funeral Home A

Annapolis Md.

JUN 2 1 1982 Frences Jan Tarther

JULY TESS JE

*	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 8 2 4 7 2 EDT
4 (5 11)	1 DECEASED NAME FIRST (TYPE OR PRINT) MAR	MIDDLE	HELINE	JUNE 14. 1982 11:00m
Poge 4 moy bu	Female	4 RACE White	5. DATE OF BIRTH MONTH Feb. 26, 1903	6 AGE (IN YEARS LAST BIRTHDAY) F UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
nerol dife	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Baltimore Md	76 CITIZEN OF WHAT COUNTR		9 BALTIMORE CITY OR COUNTY OF DEATH
by the fulled with	GLEN BURNIE	(IF NOT IN SUCH FACILITY, GIVE STRE NORTH ARUN	DEL HOSPITAL	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOUSewife Own Home
filled in sould be the	USUAL RESIDENCE (IF NURSING HOME O 130 STATE 136 COUL	ROTHER INSTITUTION, GIVE RESIDENCE BEF NTY 13c CITY OR TO AA Glen Bu	rnie YESX NO [724 Delmar Road
ompletely I and 2 sl	14 FATHER'S NAME FIRST Frederick	MIDDLE LAST Nickla		N/A
s. Poges	(YES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 166 SOCIAL SECULAR OR DATES) 213-10-		Heline, son, same as 13
physicic onpopers emovol.	PART I. DEATH WAS CAUSI	nly one cause per luctor (a), (b), (ED BY	No cular col	Cape 2 G APPROXIMATE INTERVAL BET WEEN ONSET AND DEATH
or the decining the offending lease remove corbinal color cremotion, or record or other troumotics.	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSECUENT OF THE TOTAL AS A GOLVED	VENCEOF 1	Levition
hos been signe to permit. Then p ene prior to bu ows ony injury.	ART THER SIGNIFICANT. 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	CONDITIONS CONTROLLING TO	DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION GIVEN IN PART THE FULLY FALLER 106. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO NO
a physical properties of the physical properties of the physical p	OR CONTRIBUTION CAUSE OF OF		DAY YEAR 19	URRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
After this ce os the burn olth and Me marked or It	TO CONTINUED IN CAUSE OF MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC.)	CITY OR TOWN COUNTY STATE
TOR: for us of He 21 is	sow the deceased alive above, (l) (we) (did) (did	ital) attended the decodsed from	ond the in (my) (our) opinion	to that (1) (we) lost on death occurred on the date and hour and from the causes stated
by the hosp ERAL DIREC e detoched Stote Dept.	22E SIGNATURE	Mule f	DEGREE ATTENDING PHYSICIAN	
TO HOSPITAL retained by the TO FUNERAL should be determined with the State with the State.	ANASTACIO E	SUBONG, H.D	S GLEN BU	51 OAKWOOD ROAD RNIE, MARYLAND 21061
₽ ₽ ₩ 3 ≤	23a. BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATOR	Y 23d. LOCATION COUNTY STATE
- 16 50M 1/76 R A 15 (4))	Burial 24 FUNERAL DIRECTOR NAME James S. Kirkle	ay, Glen Burnie	25a. C	DATE REC'D. BY REGISTRAR TO REGISTRAR'S SIGNATURE UN-15.198?

	NESCONDENSION AND ADDRESS OF THE PARTY OF TH
	BE BUILDING THE DAY OF THE PARTY OF
TENDO ERURA AND THE	
	UATE OF ON A STRUCK OF THE ME STRANG WALLS
a propried the state of the sta	The state of the s
All the state of the same	

page 3

		FOR STATE REGISTRAR				RTMENT OF	FICATE O	D MENTAL HYG		2 REG. N		4	1	7	3
)		CEASED NAME	FIRST		MIDDLE		LAST		20 DATE	OF DEATH		DAY	YEAR	26 HO	UR
			Claire		Elaine		ogan				12,				/ M
	3 SE			4 RACE		5. DATE OF BIRTH			6. AGE	IN YEARS LAST BIF	RTHDAY)	MONTHS	RIVEAR	IF UNDE	R 24 HRS
	2	Female		Whit			ly 18	, 1930		51	YRS.				
1	7a BI	RTHPLACE (STA	TE OR FOREIGN	76 CITIZEN OF	WHAT COUNTR	MARRI	ED X NEVE	R MARRIED		MORE CITY C	_				
1		ennsylv			5.A.	WIDOW		DIVORCED [nne Ai		21 C	oun	ty,	MD
1		ITY OR TOWN OF			HOSPITAL, NUR		OR OTHER II	NSTITUTION	12a USU	AL OCCUPAT	ION DE WORKING I	12b.	KIND O	F BUSIN	IESS OR
4		1en Bui		Nort	h Arur	ndel I		tal		Clerk			Bar	k	
5	13a S	AL RESIDENCE IN STATE ryland	136 COUI	VTY	130 CITY OR TO	FORE ADMISSION DWN Burnie	13d INSIDI	E CITY LIMITS?		et address Magno			ida1 nue		
70	14 FA	THER'S NAME		WIDDLE	1 AC7			R'S MAIDEN NA	ME						
-6		Rudolp	ph	MIDDLE	Mulle	er		Claire		M .		0	Bri	en	
		VAS DECEASED E	VER IN U.S. AR	MED FORCES?	166 SOCIAL SE	CURITY NO.	17 INFOR	MANT (HUS	banc	ADDR!	ESS Sa		as		3
	(1)	No	N) (IF YES, GIV	NA OR DATES)	181.22	2.469	4 Mr.	Robert	. A.	Hogar	ı, Jr				
			ony, which immediate stating the ouse last	DUE TO, O	R AS A CONSECUTION	SUENCE OF	e'co	olon c	nie	ieno	na	/			
	TION		Lup		PONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM				INAL DISE	ASE OR CON	DITION GI	VEN IN I	PART III		
9	CERTIFICATION	19a. DATE OF OP	ERATION	196 COND	ITION FOR WHI	CH OPERATIO	ON WAS PER	FORMED	20a AL YES	JTOP5Y?	206 IF YE IN CERTI	S, WERE FYING (ES []	FINDIN	OF DEA	TH?
1	MEDICAL CEI		CAUSE OF DEA	P.,	M. MONTH M.	DAY YEAR		INJURY OCCURE	RED (ENTER	NATURE OF INJU	RY IN ITEM 18	PART 1 OR	PART 2)		
	MED	21d, INJURY OC		21e PLACE	OF INJURY	CE, FARM ETC)	211 LOCA STR			CITY OR TO)WN	co	UNTY		STATE
		obove, Illy	ceased alversa	tol) ottended the	10	7/3	The state of the s	19 <u>8</u> 0 (our) opinion (-S., 10	rred on the d	ote and ha		om the	couses s	
		22b. SIGNATURE	May	900		> /	DEGREE	ATTENDING PHYSICIAN	MEDICA DIRECTO			22	DATE	SIGNED 4-	92
		MART	INEZ-	0'HA	RA		220 ADDR	S. Cres	2ric	st. i	Ball	6	21	20	1
		SURIAL, CREMATE SPECIFY) Bu	on, REMOVAL	236 DATE 16' Jui				Mem . Go	6	CATION ITY OR TOWN VKesv:	i11e	COUN	iv arr]	M	ID.

Olen Burnie 250

MD.

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

MPORTANT: If Hem 21 is marked ar Item 18 shows any

24 FUNERAL DIRECTOR
Singleton

Funeral Home

.fi.e. i se kinevitanno 130713 The second of the second secon M. S. S. Jan. Contract

STATE OF MARYLAND

rrem #1 111m 0000 //19/05 rc

ALCOHOLD BELLEVIA Company blend and howarms " Heres MALANA ENGLAR British Show and Will and I was a second THE TREE WAY DE STANK

	STAT	E OF	MARYL	AND
PEPARTMENT	OF	HEALT	H AND	MENTAL

HYGIENE 8

	1 -	FOR STATE REGISTRAR	DEPART		FICATE OF DEATH	IENE 8 2	4		1	5
		CEASED NAME FIRST	MIOOLE		LAST	24 DATE OF DEATH MONTH	DAY	YEAR	2b HO	UR
	Little	Lilli	an Mary	Hyla	nd	6	26	82	6:2	AOS
	3. SEX	X	4 RACE	5. DATE		6 AGE (IN YEARS LAST BIRTHDAY)		ERIYEAR	IF UNDE	R 24 HRS
		Female	White	MONT 3	27 13	69 y	MONTHS	DAYS	HOURS	MIN.
1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8		9. BALTIMORE CITY OR COU		EATH		
H	(Md Md	U.S.A.	WIDOW	D NEVER MARRIED DIVORCED	Anne Arund				MD
	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME		12a USUAL OCCUPATION	12b	KINDO	F BUSIN	
\mathcal{C}		asadena	1590 Colony	Roa	d	Housewife		ome	Mal	cer
5	13a. S	TATE 136 COUNTY	ROTHER INSTITUTION GIVE RESIDENCE BEFOR NTY 134 CITY OR TOW Rivier	/N	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 269 Meadow	Roa	Ъ		
7	14. FA	THER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NAM	ME MIDDLE	1100			
		Joseph	Dors	ev	Nettie			Wei		1
		VAS DECEASED EVER IN U.S. AR			17 INFORMANT	ADDRESS	1590	A	lon	75. 5
	- ('	No No	213039	615A	Patricia Vo	on Den Bosch		ader		Md
	NO	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO	ENCE OF	NOT RELATED TO THE TERMI	NAL DISEASE OR CONDITION	GIVEN IN		un.	
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b IF	YES, WER RTIFYING YES	E FINDIN CAUSES	GS USE OF DEA	TH?
7		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D.	AY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM		PART 2)	,,,,	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	CITY OR TOWN	co	YTAUC	4	STATE
			atal) attended the deceased from	٤ , ه	nd that in (my) (and) opinion d	eath occurred an the date and	, 19 & hour ond f		, , ,	oted
		22b. SIGNATURE	ugh		DEGREE ATTENDING PHYSICIAN	MEDICAT STAFF	37	B DATES	25/	yL,
		22d. PHYSICIAN'S	-ARAHY		8206 F	7. Superwo	nd F	Roll	PASI	MER
	23a. B	URIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUN	uty		STATE
		Burial	6/29/82 G1		aven Mem Pk	Glen Bur		A.A.		Md
	-	UNERAL DIRECTOR	LOOR D. ADDRESS.			REC'D, BY REGISTRAR 256. REC	GISTRAR'S	SIGNAT	IRE _	1.
	Ge	orge J. Gonc	e 4001 Ritchi	e Hg	wy,	N 2 9 1982 Line	LCGO >	en/	arl	UN

DHMH - 16 50M 1/81 (VRA 15, 4)

BP

20 82 6: 10		
	The state of the s	

7/1/1982

Balto., Md. 21225

George J. Gonce F.H. 4001 Ritchie Hgwy.

MIDDLE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE SE

CERTIFICATE OF DEATH

Hitchcock Kenneth H. Ivey (same as 13e Obstrative Pulmanay Pises 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [] 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE A cond that in (my) (our) opinion death occurred on the date and hour and from the couses stated 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 1404 CRAIN HIGHWAY, S., #300 GLEN BURNIE, MARYLAND 21061 Westview Memorial Baltimore Md.

REG. NO

20 DATE OF DEATH MONTH

EDT

26 HOUR

IF UNDER I YEAR

12:15P M

DHMH - 16 50M 1/81 (VRA 15, 4)

- STATE

TYPE OR PRINT

REGISTRAR

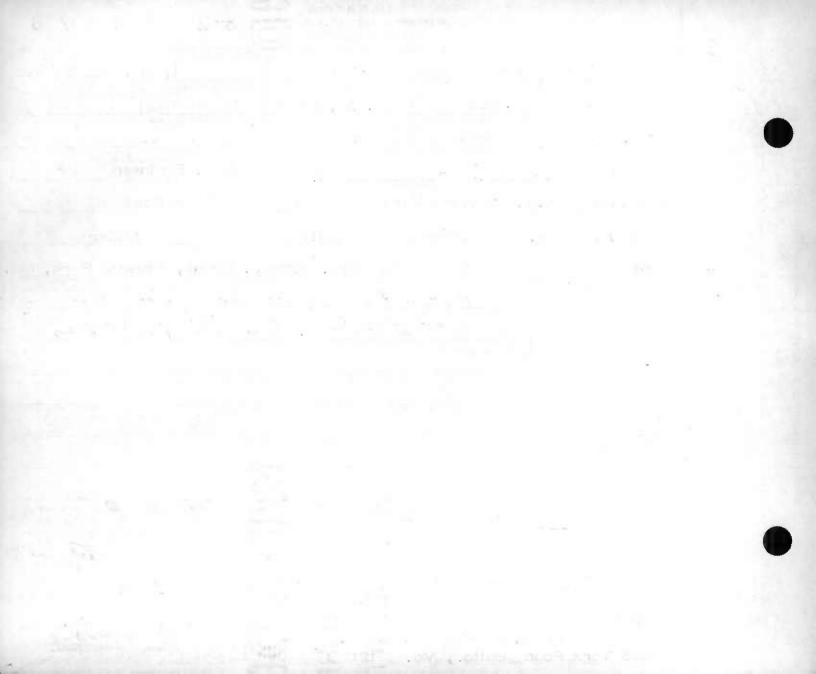
DECEASED NAME

	1 15	.nav		
				amplified 1
(SSIII, an Martyle of		. Hod artifers		
College Colleg	a decine	188-18-11 M		
		San		
		Links Generales		
		. Fig. second 100k	. H. a pano	L. DATES

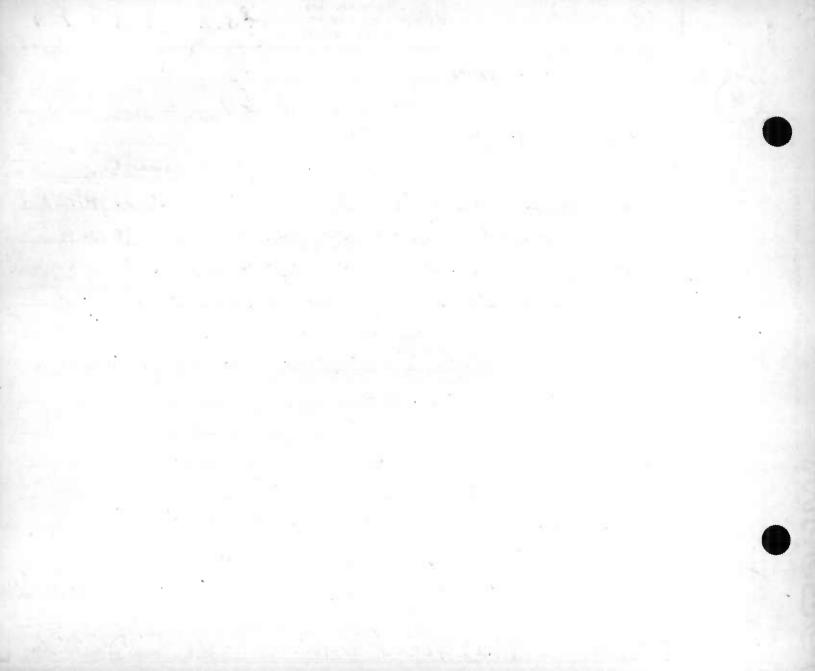
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAP DECEASED NAME TO. DATE KNOWN 7b. HOUR STYPE OF PRINTS OF DEATH MATED 1680 6. AGE (IN YEARS IF LINE BY B 5. DATE OF IF UNDER 24 HRS 2c. DATE 2d. HOUR LAST BIRTHDAY) MONTHS MONTH YEAR PRONOUNCED GYRS DEAD 16 TO BIRTHPLACE CHATEOR 76. CITIZEN OF WHAT COUNTRY? SALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY WIDOWED [DIVORCED 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS YES F nover NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST taro hazieh 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) (IE YES, GIVE WAR OR DATES) above 18. CAUSE OF DEATH (Enter only one cause per line for (gl., (b), and (c).) ELWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE Canditians, if any, which move rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) 19s DATE OF OPERATION 1th CONDITION FOR WHICH OPERATION WAS PERFORMED? M. AUTOPSYT YES [CERT THE EXTERNAL CAUSE WAS THE TIME OF INJURY TIL HOW INJURY OCCURRED LENGTH HATURE OF BUILDING HERATE FOR PART TO PART TO HOUR A.M. MONTH DAY YEAR UNDERLYING ONTRIBUTING CAUSE OF DEATH 16 3.5 71¢ INJURY OF THE PLACE OF INJURY LATHOME DWEET, FACTORY, FARM, ETC.) COUNTY WHILE 107-Reanes AT WORK AT WORK 22s. I certify that I took charge with remains described above, held an and in my opinion death resulted from Hamicide Undetermined manner TITLE (SPECIFY TAGE A STATE OF TO FUNERAL DISTRIBUTION AFTER DEATH. ACTUAL SIGNED 6.16. 8 2 SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY Emmanue BP 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR LIM. REGISTRAR'S SIGNATURE **DHMH-17** (VR A15 ME (5)) 15M 7/77

Since and Surveiled and Except 1 61614 The boxest and part that the state of the state of the LE CONTRACTOR STATE OF THE STAT Die white the state of as the same of the same The state of the state of the

4905 York Road Balto. Md.



(VRA 15, 4) 7/78



16,000 Amopolis

uneral Hoine

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

CERTIFICATE OF DEATH

REG. NO

2b HOUR

126 KIND OF BUSINESS OR

own home

NO I

STATE

IF UNDER I YEAR

INDUSTRY

Dowden

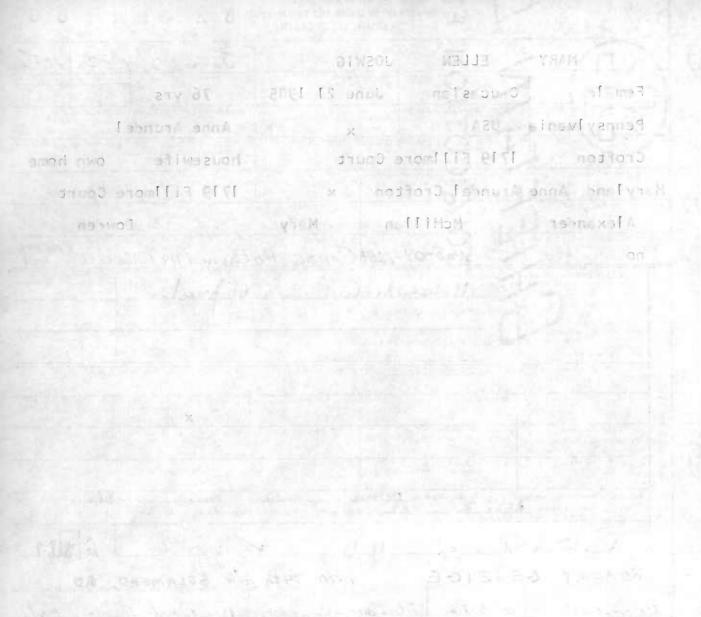
COUNTY

22c DATE SIGNED

DHMH - 16 50M 1/81 (VRA 15, 4)

- STATE

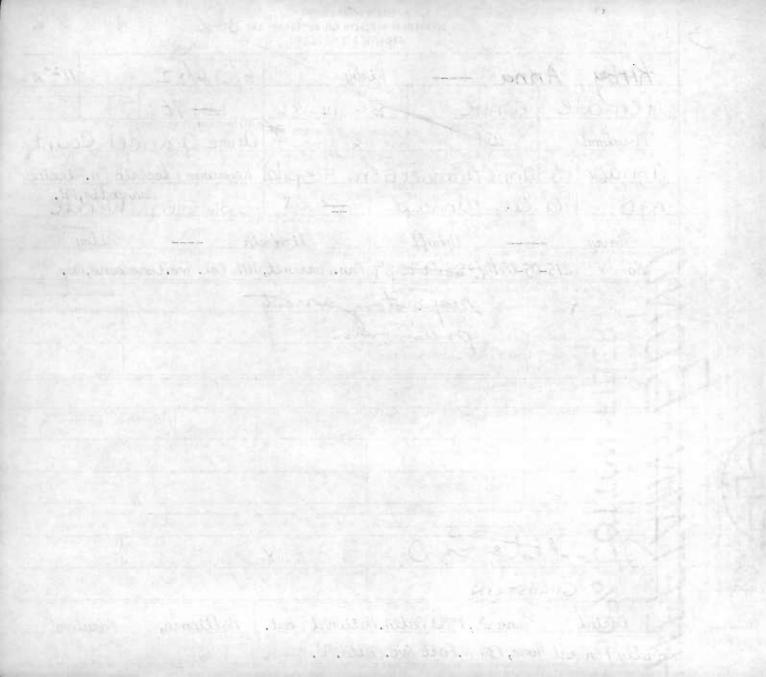
REGISTRAR



1-	REGISTRAR						ERTIFICATE	OI DEAIII	REG. N	10.		
	CEASED NAME OF PRINTS	Edw	rin		ohn	Ke	ennedy		ATE KNOWN DE ESTI-	_	DAY YEAR	2b. 1
1. 5E	Secure	4 RACE	5. DAT	E OF BIRTH	YEAR LAST B	IN YEARS IF UN	DER 1 YR. IF UNDE	R 24 HRS. 2c. [DATE	HINOW	DAY YEA	R 2d, 1
	ale	White		c.11,	55 26	YRS.	DAYS HOURS		OUNCED DEAD	61	1 82	- 5
ы	RTHPLACE (76. CIT	IZEN OF WHAT			ED NEVER MAR	RIED &	LTIMORE CITY	OR COUNT	Y OF DEATH	
	Maryla		II. NA	U.S.A		OME OR OTH	ER INSTITUTION		CCUPATION (TY	ABE OF MORK	17h KIND OF	RUSINE
9	en Br	RNIE	(IF)	NOT IN SUCH FACILI	ARVINE STREET ADDR	ESS)	o, tal	for most of Unkr	OWN	76	- XXXXX	
13a.5	TATE	113b. CO		INSTITUTION, GIVE R	3c. CITY OR TOV	MISSION)	13d. INSIDE CITY LIMITS?					
	TALYIA	nd Ann	e Ar	undell	elen Bu	irnie	YES NO S	220 EN NAME	Margat	te Dr	ive ·	
	Willi	am	R.		Konno	dy Sr	Ruth	LIVINAME	MIDDLE		LAST	
16a. V	VAS DECEASE	DEVER IN U.S.	ARMED FO	RCES?	66. SOCIAL SEC	URITY NO.		Brother	G. ADDRES	5618	Mich Cyril	aeı
{1	NO, OR UNKN	OWN) { IF YES, G	N/A	DATES)	216.68	.8453	Mr. W.	Robert				
	18 CAUSE O	OF DEATH (Enter EATH WAS CAU	anly one co	ause per line fo						<u> </u>	APPROXIM BETWIN ON	
	42	IMMED	NATE CAUS		A CONSEQUEN	ICE OF	ush_				and	de
	gave r	ins, if any, whi ise to immedic i) stating the und	ich ate	(b)	A CONSEQUEN					•	- Constant	de
7	gave r cause (a lying ca	ons, if any, whi ise to immedic) stating the <u>und</u> use last.	ich ote	(b)	A CONSEQUEN	ICE OF	OR CONDITION GIVEN IN P	ART I (a).				le
ATION	gave r cause (a lying ca	ons, if any, whi ise to immedic) stating the <u>und</u> use last.	DIATE CAUS ich ate der- DNS CONTRIBUT	(b)	A CONSEQUEN	ICE OF TERMINAL DISEASE		ART I (a).			20 AUTOPS	
IFICATION	gave r cause (a lying ca	ins, if any, whi ise to immedic) stating the <u>und</u> use last.	DIATE CAUS ich ate der- DNS CONTRIBUT	(b)	A CONSEQUEN	ICE OF TERMINAL DISEASE	OR CONDITION GIVEN IN P	ART I (ø).			20 AUTOPS	Y?
CAL CERTIFICATION	gave r cause (a lying ca PART 2 OTHER S 19a. DATE OF 21a. EXTERN. UNDERLYING	ons, if any, whise to immedia of states of the unduse last. IGNIFICANT CONDITION AL CAUSE WAS GOOD OR	DIATE CAUS ich oute ler-	(b) DUE TO, OR AS (c) TING TO GEATH BUT TO CONDITION TO THE OF IN HOUR A.M. A.M.	A CONSEQUEN NOT RELATED TO THE NOT FOR WHICH CO	TERMINAL DISEASE DERATION WATER			OF INJURY IN TIEM 18	8 PART 1 OR PAS	YES [Y?
MEDICAL CERTIFICATION	gove recause (or lying co	FOPERATION AL CAUSE WAS G OR OCCURRED	DIATE CAUS ich offe ler- UNS CONTRIBU	(b) DUE TO, OR AS (c) TIMG TO GEATH BUT 19b. CONDITIO 21b. TIME OF IN HOUR A.M. N P.M.	A CONSEQUEN NOT RELATED TO THE N FOR WHICH C JURY AONTH DAY ISI	TERMINAL DISEASE DPERATION WATER YEAR 216. HC	AS PERFORMED?	ED (ENTER NATURE	of injury in tem 18	(Land)	YES [Y?
-	gove or cause (a lying co	FOPERATION AL CAUSE WAS GOCCURRED OCCURRED NOT WHILE AT WORK	DIATE CAUS ich cote let- DIS CONTRIBUI DF DEATH	(b) DUE TO, OR AS (c) TING TO GEATH BUT 19b. CONDITIO 21b. TIME OF IN HOUR A.M. A P.M. 21e. PLACE OF STREET, FACTORY	A CONSEQUEN NOT RELATED TO THE N FOR WHICH CO JURY AONTH DAY IS INJURY (ATHON 1, FARM, ETC.)	TERMINAL DISEASE DERATION WATER YEAR 21t. HC S1 Autops	AS PERFORMED? OW INJURY OCCURR CATION REET y	ED (ENTER NATURE	DR TOWN	(Land)	YES	Y?
-	gove or cause (a lying co lyin	INDICATE OF THE PROPERTY OF TH	DIATE CAUS ich ofte ONS CONTRIBUI DE DEATH arge of the	(b) DUE TO, OR AS (c) TING TO GEATH BUT 19b. CONDITIO 21b. TIME OF IN HOUR A.M. A P.M. 21e. PLACE OF STREET, FACTORY	A CONSEQUEN NOT RELATED TO THE N FOR WHICH C JURY AONTH DAY INJURY (ATHOM (, FARM, ETC.)	TERMINAL DISEASE DPERATION WATER TEAR 21c. HC S1	AS PERFORMED? OW INJURY OCCURR EATION TREET	ED (ENTER NATURE	uiry d	COU	YES C	Y?
-	gove recause (a lying co lying co lying co lying co lort work lying co lort death result ACTUAL	FOPERATION AL CAUSE WAS G OR INGO CAUSE OR NOT WHILE AT WORK If that I took che and from the check of	DIATE CAUS ich ofte ONS CONTRIBUI DE DEATH arge of the	(b) DUE TO, OR AS (c) TING TO GEATH BUT 19b. CONDITIO 21b. TIME OF IN HOUR A.M. A P.M. 21e. PLACE OF STREET, FACTORY	A CONSEQUEN NOT RELATED TO THE N FOR WHICH C JURY AONTH DAY INJURY (ATHOM (, FARM, ETC.)	TERMINAL DISEASE DPERATION WATER TO STORM THE STATE OF ST	AS PERFORMED? OW INJURY OCCURR CATION IREET IN Inspection Hamicide TITLE (SPECIFY) Depoy 9	ED (ENTER NATURE CITY (DI) Inq Undetermine	uiry , a d manner .	cound in my op DATE SIGNEI	YES C	Y?
WEDICAL MEDICAL	gove recause (a lying co lying	FOPERATION AL CAUSE WAS G OR INGO CAUSE OR NOT WHILE AT WORK If that I took che and from the check of	DIATE CAUS ich	(b) DUE TO, OR AS (c) TING TO GEATH BUT 19b. CONDITIO 21b. TIME OF IN HOUR A.M. M P.M. 21e. PLACE OF I STREET, FACTORY remains describe as Acceptable ARKAT E	A CONSEQUEN NOT RELATED TO THE N FOR WHICH C JURY AONTH DAY IS INJURY (AT HOM C, FARM, ETC.) 23c. NAME OF	TERMINAL DISEASE DERATION WATER YEAR 216. HO S1 DD. Autops Suicide	AS PERFORMED? OW INJURY OCCURR CATION IREET J. Inspection Hamicide TITLE (SPECIFY) D. Depoyy ADDRESS AN	ED (ENTER NATURE CITY OF Undetermine MEDICAL E 234, LOCATE OF ONE	DR TOWN Uiry , or	DATE SIGNEI	YES C	, No

Market & J. The second A CONTRACTOR desti is 9 2 2 2 many 65 1. 11. E. 110 Brown S would exceeded by goto har Charles march. March of the Committee Brown Frank Company Sand the sand was the sand the

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

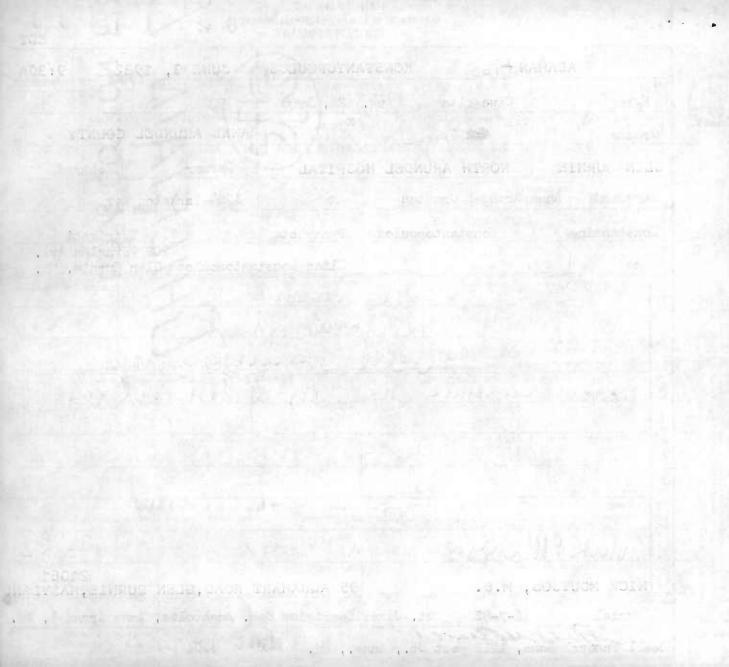


There was the Barrier A reck. Ft. 1888. Pecal Spiles Com Land Spiles Com Land Com Arryland | Aure Arapdel Severn P. S. H. B. C. W. W. S. C. S. S. W. C. S. C. S. C. S. W. C. S. Transfer Character County 12 m 5 to 1 1 2 m 5 to

20M 4/82

Parket A							
	,			. 3			
			ſ	1861 2	el set	.otto0	Male
	2					2061	
the Bid Boy Rest.	0.0						
2 Etch NAV	la!	2	a not	101	A.unre	onA and	Maryl
K I -ch i ne ki		7	ST8 .	ined bent	N .2	Sand:	
Cooften,	Lon X me	doid	-8698-	214-86			00
meland, danslam	nná.	s Com	viels Ref	St.	efilia efinera	1	301

•	1.	STATE REGISTRAR	DEP	CERTIF	ICATE OF DEATH	REG. NO.	141	EDT
and the same of		CEASED NAME FIRST	WIDDLE		AST	20 DATE OF DEATH MON	TH DAY YEAR	2h HOUR
e Ti	(TYP)	ADAM.	ANTIOS	KONST	ANTOPOULOS	JUNE 3,	1982	9:30A
Ou File	3. SE		4, RACE	S. DATE C		6. AGE (IN YEARS LAST BIRTHDAY	MONTHS DATE	IF UNDER 24 HRS
9 (1)		Male	Caucasian	Aug.	26, 1908	73	YRS	HOURS MIN.
Pogo	7a. B	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUN	TRY? 8	D NEVER MARRIED	9. BALTIMORE CITY OR CO		
To The soul	G	reece	Et Gree			ANNE ARUND	EL COUNT	Y MD
s offer of the led with		LEN BURNIE	11. NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE NORTH ARU	STREET ADDRESS)		12ª USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR Farmer		of Business or red
24 hour filled in louid be f	130	AL RESIDENCE (IF NURSING HOME OF STATE 136 COULARY AND		BEFORE ADMISSION) TOWN TON	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 1704 Tarlet	on Way	
2 sh	14 F	ATHER'S NAME	MIDDLE LAS		15. MOTHER'S MAIDEN NA	ME		
and Dist	F	onstantine	Konstanto	poulos	Panayiota	WIDDIE	Tsirigo	t.i
d co		VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL	SECURITY NO.	17 INFORMANT	ADDRES20	2 Ferngle	n Ave.
Poges medica	1	no	IVE WAR OR DATES!		Elias Konst	tantopoulos G	len Burnie	e. Md.
pers. al.		II CAUSE OF DEATH EMER O	mly one couse per ling for in), (t	o odd est	- 4		APPROX	CIMATE INTERVAL
n phy mov went		PART I DEATH WAS CAUS	ED BY	SIAC	- warev	Property of the second		THE STATE
ding or re rtic e		1539	DUE TO OF AFA CONS	TO ENCE OF	1	1 1		
ttend ve co om,		Conditions, if only, which	() ()	MULLA	RING X	Noch	1	
moti moti		gave rise to immediate	DUE TO OR AL ACOUN	andrea !		1 01	1	
by t user I, cre		underlying course lost	DUE TO, OR AS ACONS	Mata	CMAXEN	xeres til	RIERO	
ned ple ourio		PARE 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED/TO THE TERM	NAL DISPASE OR CONDITIO	IN GIVEN IN PART 1	lo 1
Ther to b	Z O	Parental	sunskure	· MA	munxin 1	at told as	Mexil	a JAMI
Day ony	FICATION	THE DATE OF OPERATION	LOS GONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	THE AUTOPSY? 105	IF YES, WERE FINDS	NGS USED AND
hos hos	77.					YES [] NO[]	CERTIFYING CAUSES	NO []
ysicin cote onsil 4ygi	CERT	31s. ACCIDENT WAS UNDERLYING	The second secon	Tarve Herre	71s. HOW INJURY OCCUR	RED (Frieds number of income and	Rest Fakt Lokkakt N	- Traff
ph of-tr	1000	OR CONTRIBUTING COLOR CAUSE OF DE	AND THE RESERVE OF THE PROPERTY OF THE PROPERT	DAY YEAR				
ding buri	MEDICAL	214. INJURY OCCURRED	THE PLACE OF INJURY	15351	ZII LOCATION	0.0.2020000	N. Passa	Collins
the ond wed	×	WHILE D NOT WHILE D	(ATHOME, STREET, FACTORS, OF	THEE PARK THE E	MINET	CITY OR TOWN	/ countr	State
Afte ost			oital) attended the deceases of	rom /	10 7	6 10 PULL	11 10	that (I) (we) lost
OR OR		sow the deceased alive a	6121	-0 0	nd that in (my) (our) opinion	death accurred on the date o	and hour and from the	couses stoted
RECT ned fo ppt. of tem 2		above, (1) (we) (did) (did n	ot) view the body ofter death.		DEGREE		22c. DATE	E SIGNED .
the It		MAN NA	Muller		AA Y) ATTENDING	MEDICAL STAFF	(1	3/87
A po b		22d. PHYSICIAN'S NAME (TYPE	WC 2 2 2		PHYSICIAN [DIRECTOR PHYSICIAN		2/02
PENERA Could be dith the Sto	1							1061
MPO MPO		NICK MOUTSO				T ROAD, GLEN	BURNIE,	MARYLAN
		BURIAL, CREMATION, REMOVA			EMETERY OR CREMATORY	23d. LOCATION	COUNTY	SIATE
3P		Burial	6-7-82	t. Jame:	s Demetrius Co	em. Annapolis		
AH - 16 50M 1/81		UNERAL DIRECTOR	MBull	RESS	25a, CM	TE REC'D. BY REGISTRAR 256		FURE
(VRA 15, 4)	Be	all Funeral Ho	me, 1212 West	St., An	na., Md.	7005 1	name fram	A STATE OF THE PARTY OF THE PAR



medical examiner most be natified at

MPORTANT: If them 21 is marked ar them 18 shows ony injury, ar other troumatic event, the

)		FOR - STATE REGISTRAR			MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	SIENE 8 2		4 1	8 6 EDT
		CEASED NAME FIRST		E.		LOWITZ	JUNE 3, 1		AY YEAR	9:26 P _M
4	3 SE	MALE	4. RACE WHITE		5 DATE C		6. AGE (IN YEARS LAST BI	YRS	FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
7		RTHPLACE (STATE OR FOREIGN COUNTRY) RUSSIA	USA	WHAT COUNTRY?	WIDOWE		ANNE ARUN			MD.
74	G	ITY OR TOWN OF DEATH LEN BURNIE	NORTH	ARUNDEL	iospi1	PAL	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST OPTHOMO)	OF WORKING LIFE	INDUSTRY	HOMOLOGY
4	USU/ 130 S	AL RESIDENCE IF NURSING HOLD OF STATE COUN	OTHER INSTITUTION.	GIVE RESIDENCE BEFORE 13t. CITY OR TOW DURANGO		13d INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS 1146 SEC	OND AVE		#81301
34	14 FA	ATHER'S NAME FIRST JACOB	MIDDLE	KOPLOWI	TZ	15 MOTHER'S MAIDEN NA FIRST RACHE	MIDDLE		UNI	KNOWN
3			MED FORCES? (E WAR OR DATES) (—ARMY	524-40-		17 INFORMANT MRS	OK RD.	FS KOPL BALTO.,		21215
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA! Conditions, if ony, which gove rise to immediate cause (o., stoting the underlying cause last	D BY TE CAUSE (o) DUE TO, OF	AS A CONSEQUE	NCE OF	wiles	ve		40 40	ay as
2	RTIFICATION	PART 2 OTHER SIGNIFICANT OF THE PART 2 OTHER SIGNIFICANT OF THE PART OF THE PA	any	Hear	t Dr	NOT RELATED TO THE TERM WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V	WERE FINDIN	NGS USED
9	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE	21e PLACE C	A. MONTH DA	19	21c. HOW INJURY OCCURI		JRY IN ITEM 18 PAR		STATE
		220.1 certify that Withis hospi	view the body	10.5	, on	d that in(my)(our) opinion EGRE HENDING PHYSICIAN 122e ADDRESS	medical sta		22c DATE	

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR SOL LEVINSON BROS., INC.

DAVID A. SCHWARTZ, M.D.

230 BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

BALTO, MD

JUNE 6,1982

21215

23c NAME OF CEMETERY OR CREMATORY HAR SINAI

7845 OAKWOOD RD. GLEN BURNIE, MD. 21061

OWINGS MILLS

MD BALTO.

WIN 8 1988 Clare Jan 1881

A. B. L. P. L. A. SHAM OF A THURSDAY CONSTRU Ev. 6.7.4 11 2 1 3 .. LOUNT & 1 22 1 OC 18 . W. B. W. E. . . BOTHER BUT HOLE BERNEDELL CO Joseph John D. March, JANON S. E. Will St. P. L. Miller B. B. L. the continue to 11 and to personal to who called the St. St. according

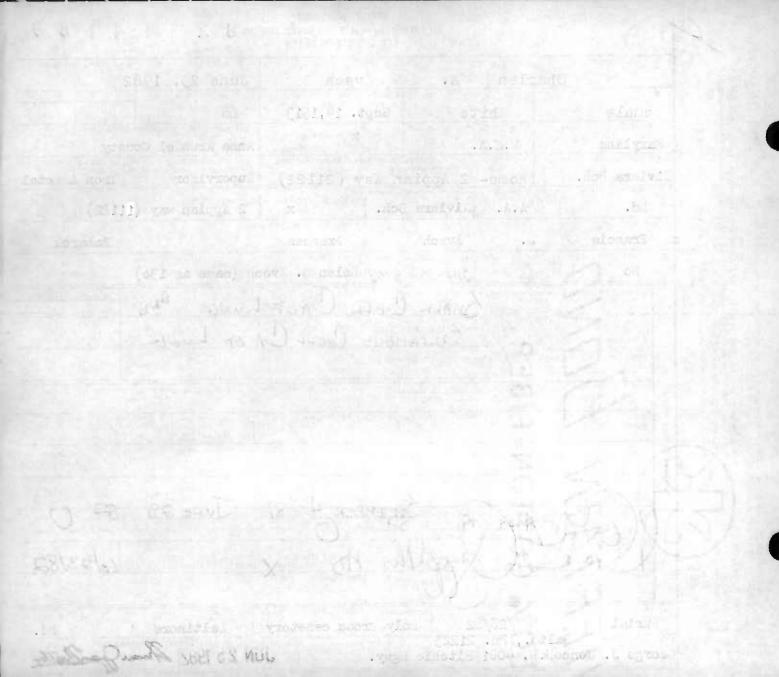
This is a Laboratory white the state of the state of who is a desirable standard to the second Sess Stronger Calletting College Control Services TO THE PERSON WITH CASH CONTROL STATE OF THE PARTY OF THE resident to the state of the st in the second of the second of

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE	8	2	1	4	i	8	5
CERTIFICATE OF DEATH		PEG NO					

1.00	CE ASED NAME	FIRST		MIDDLE			REC			
	PE OR PRINT	7,51,51	1			AST	20 DATE OF DEAT		DAY YEAR	26 HOUR
0.00	· · · · · · · · · · · · · · · · · · ·	Char		Α.		lvech		3, 1982	2	
3 SE		1	RACE		5 DATE C		6. AGE (IN YEARS LA	ST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24
	Male		Whi			t. 14,1913	68	YRS	0.11.	NOUR'S
o. B	IRTHPLACE (STATE OR	FOREIGN 76		WHAT COUNT	RY? 8	DE NEVER MARRIED	9 BALTIMORE CIT	Y OR COUNTY	OF DEATH	
	aryland		U.S.A		WIDOWE	DIVORCED	Anne Aru	ndel Cou	inty	
10. C	ITY OR TOWN OF DE	ATH 11	NAME OF	HOSPITAL, NUR	RSING HOME C	OR OTHER INSTITUTION	120 USUAL OCCUI	PATION	126 KIND C	F BUSINES
	viera Bch.		Home-	2 App	ian Wa	y (21122)	Supervis	Or Or	INDUSTRY	& Met
USU 130.	AL RESIDENCE (IF NUR	SING HOME OF OT	THER INSTITUTION	N GIVE RESIDENCE BE	FORE ADMISSION	1	1			
	Md.		A.A.	Riviera	a Bch.	136 INSIDE CITY LIMITS?	2 Appia	n way (2	21122)	
14 F/	ATHER'S NAME					15 MOTHER'S MAIDEN NA				
	Francis	J.	DDLE	Kvech		Frances	MIDD	E	Baba	rek
16a V	WAS DECEASED EVER	IN U.S. ARME	D FORCES?	16b SOCIAL SE	ECURITY NO.	17 INFORMANT	AC	DRESS	Dava	LON
- (YES NO OR UNKNOWN	(IF YES, GIVE W	AR OR DATES		- 3748	Helen C. Kve				
-	18 CAUSE OF DEAT PART I. DEATH W	M (Sater and					1	1)0)	(40)0000000	MATE INTERV
	Conditions, if ony gave rise to immediate (a, static underlying couse	mediate ng the "	(b)_	DR AS A CONSEC	AMOUS	S CELL C	4 OF L	wo.		
HCATION	gave rise to im- cause (a, statu underlying couse	mediate ng the " e last NIFICANT CON	(b)	OR AS A CONSEC	OUENCE OF	NOT RELATED TO THE TERM		ONDITION GIVE	WERE FINDIN	NGS USED
RTIFICATION	gave rise to im- cause (a), static underlying couse PART 2. OTHER SIGN 19a DATE OF OPERA	mediate ng the e last NIFICANT CON	DUE TO, C	OR AS A CONSECUTION FOR WHI	OUENCE OF	NOT RELATED TO THE TERM	AIN AL DISEASE OR C	ONDITION GIVE 70b IF YES, IN CERTIFY	WERE FINDING CAUSES	NGS USED
ICAL CERTIFICATION	gave rise to imicause (a), state underlying couse PART 2. OTHER SIGI 19a DATE OF OPERA 21a, ACCIDENT WAS UNIOR CONTRIBUTING	mediate ng the e last NIFICANT CON THON DERLYING CAUSE OF DEATH	DUE TO, CO (c) NOTIONS C 196 COND 216. TIME C HOUR A	OR AS A CONSECUTION FOR WHI	OUENCE OF	NOT RELATED TO THE TERM	AIN AL DISEASE OR C	ONDITION GIVE 70b IF YES, IN CERTIFY	WERE FINDING CAUSES	GS USED OF DEATH
MEDICAL CERTIFICATION	gave rise to imicause (a, static underlying couse) PART 2. OTHER SIGN 19a DATE OF OPERA 21a. ACCIDENT WAS UNIOR CONTRIBUTING	mediate ng the e last NIFICANT CON THON DERLYING CAUSE OF DEATH	DUE TO, CO (c) NDITIONS C 196 COND 216 TIME C HOUR A	ONTRIBUTING TO	DUENCE OF O DEATH BUT CH OPERATION DAY YEAR 19	NOT RELATED TO THE TERM	200 AUTOPSY? YES NO RED (ENTER NATURE OF	ONDITION GIVE 70b IF YES, IN CERTIFY	WERE FINDING CAUSES	GS USED OF DEATH
MEDICAL	gave rise to imicause (a), state underlying couse PART 2. OTHER SIGI 19a DATE OF OPERA 21a, ACCIDENT WAS UNIOR CONTRIBUTING	mediate ng the e lost NIFICANT CON TION DERLYING CAUSE OF DEATH CALLEANING CAUSE OF DEATH CAUSE OF D	DUE TO, CO (c) NOITIONS C 196 COND 216. TIME C HOUR A	ONTRIBUTING TO DITION FOR WHITE CONTRIBUTION FOR WHITE CONTRIBUTION OF INJURY CONTRIBUTION	ODEATH BUT CH OPERATION DAY YEAR O DAY OPERATION	NOT RELATED TO THE TERM N WAS PERFORMED 21c HOW INJURY OCCUR 211 LOCATION STREET	200 AUTOPSY? YES NO RED (ENTER NATURE OF CITY O	206 IF YES, IN CERTIFY YES NJURY IN ITEM 18 PAI RTOWN 6 date and haur of	WERE FINDING CAUSES RT 1 OR PART 2) COUNTY	NGS USED OF DEATH' NO STA

DHMH-16 50M 1/B1 (VRA 15, 4)

BP.



Maryland

Singleton Funeral Home

- STATE

DHMH - 16 50M 1/B1 (VRA 15, 4)

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

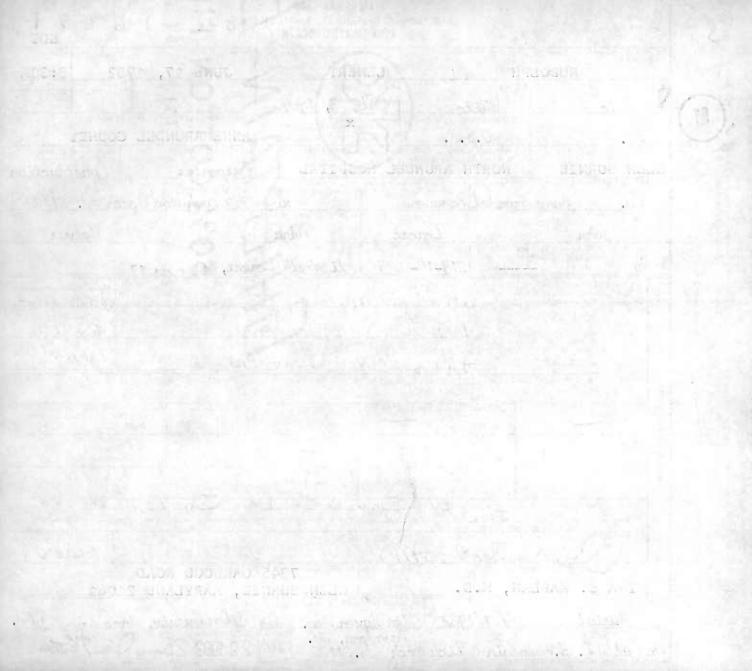
CERTIFICATE OF DEATH

Gien Burnie 250 Date REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

JUN 17 1982

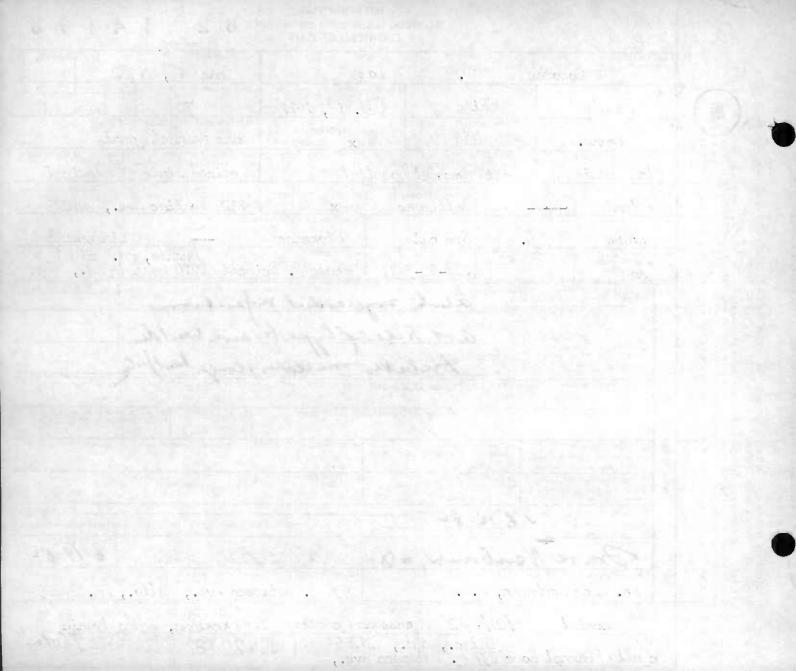
YARAN ARMAYA BARA derfess ignum kræde sikker sike The state of the s TAMENTAL OF STATES OF STATES OF STATES OF STATES OF STATES. BUTTON OF THE STATE OF THE STAT 15 250 P 1 WILL

5	1.	FOR STATE REGISTRAR	DEPART		IEALTH AND MENTAL HYC	REG. NO.	1 4 1 9 L
		CEASED NAME FIRST	MIDDLE		IAS1	20 DATE OF DEATH MON	
early early		RUDOLP	H nmi	LE	NERT	JUNE 17.	1982 8:30AM
	VSE		RACE	S. DATE		6. AGE (IN YEARS LAST BIRTHDAY	FUNDER I YEAR IF UNDER 24 HRS
	A	Male	White	Jul	4 3, 1909	72	MONTHS DAYS HOURS MIN.
	ľa. B		CITIZEN OF WHAT COUNTRY	8		9. BALTIMORE CITY OR CO	
1	1	OUNTRY	U.S.A.	WIDOW	D NEVER MARRIED DIVORCED	ANNE ARUND	EL COUNTY ME
1/1	10 C	ITY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSI	NG HOME		12a. USUAL OCCUPATION	12b. KIND OF BUSINESS OR
24		EN BURNIE	NORTH ARUND	EL H	OSPITAL	(Type of work for most of wo	RKING LIFE) INDUSTRY (onstruction
185	13a. :			VN	13d. INSIDE CITY LIMITS? YES NO 🛣	13. STREET ADDRESS 782 Powhaton	Beach Rd. 21122
SEAT.	14. F/	THER'S NAME FIRST MI	IDDLE LAST		15 MOTHER'S MAIDEN NA	ME	
)X	2	John	Lene	rt	Artna		Betvan
edicol		VAS DECEASED EVER IN U.S. ARMI	ED FORCES? 166 SOCIAL SEC	URITY NO.	17. INFORMANT	ADDRESS	
ше		Vo	213-14-0	2035	Elizabeth Le	enert, same as	12
t, the		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one couse per line for (a), (b), a	nd ici		1	APPROXIMATE INTERVAL RETWEEN ONSET AND DEATH
even		IMMEDIATE	CAUSE (D) CAYOUD	DUIT	nongru (med	Jmm2d/cde
or office office		4140	DUE TO, OR AS A CONSEQU	IENCE OF	10/1		0.7
aum aum		Conditions, if ony, which	(16) Vendacu	11-	Justine 18	n	5.74LS
er fr		gave rise to immediate cause (a), stating the	DUE TO, OR AS ANCONSEQU	ENCE OF	1		
roth		underlying couse lost	10 Atheras	cleso	to Leart	Descare	genrs
ury. o	z	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITIO	ON GIVEN IN PART 1(0)
in y	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	ODEDATIO	NI WAS DEDS ORWER	20a AUTOPSY? 20b). IF YES, WERE FINDINGS USED
vs du	F.	TYO DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	IN WAS PERFORMED	IN.	CERTIFYING CAUSES OF DEATH?
, of	E	21a ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		Tal- HOW NUMBER OF SUR	YES NO	YES NO
E 18		OR CONTRIBUTING CAUSE OF DEATH		AY YEAR	ZIL HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	TEM 18 PART 1 OR PART 2)
He He	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19	ALL LEGISTON		
od or	MED	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC)	211 LOCATION	CITY OR TOWN	COUNTY
orke		AT WORK AT WORK				, -	
S = 2		22a I certify that (I) (this haspital	il) ottended the deceased from.	Julia		V, 10 Sugar	7 , 19 , that (1) (we) lost
n 21		sow the deceased alive an above, (1) (we) (did) (did gat)		62/,0	nd that in (my) (our) apinion	death occurred on the date o	nd hour and from the couses stated
Hen		234 SIGNAPONE	100		DEGREE	1	220 DATE SIGNED
		20,90	DOW SI	01)	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	0 6/17/m
TAN		THE PHYSICIAN'S NAME THE OFF	desir.		22e ADDRESS 7845	OAKWOOD RO.	AD
IMPORTANT: H		IRA E. KAPLA	N. M.D.		GLEN BURN		
3 ₹		BURIAL, CREMATION, REMOVAL		NAME OF C	EMETERY OR CREMATORY	23d LOCATION	
		Burial	6/21/1982 9	len Ha	ven Mem. Pank	Glen Bunnia	Anna An I MA
M 1/B1	24 F	JNERAL DIRECTOR		Paradi	250 DA	E REC'D. BY REGISTRAR 256.	REGISTRAR'S SIGNATURE
4)	Me	Cully F. H. Mour	rtain & Tick Ne	ch Rd	1.31122 JUN	22 1982 Zen	cas Van lather
		1		-110	10 to 1 1 too to	1002 07	The state of the s



10	1	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CERTIFICATE OF DEATH	4 9 2
1 34	(TYF	CEASED NAME FIRST CORPRINTS OLIVE	A Somplervell Lippith 6/181	182 65,
	3 SE	Finale	RACE WITE S. DATE OF BIRTH AT YEAR OF AGE (IN YEARS LAST BIRTH AT)	UNITED HIVEAR IF UNDER 24 MR.
1 125	H	ARWOOD, Md	CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED AME AVUND	p/ MI
1 11 00	A	arwood	NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT INSUCH FACILITY OF RESTRET ADDRESS) AT HOME HOUSE WIFE HOUSE WIFE	126 KIND OF BUSINESS OR INDUSTRY
A street	1	STATE 13b SOUNTY	HER INSTITUTION ONE RESPIENCE BEFORE ADMISSION) 134 CITY CITY LIMITS? 130 STREET ADDRESS YES \(\text{NOTION DETS} \) 130 STREET ADDRESS NO \(\text{ID} \)	tone Rd
- Part - 1		ROBERT A	MURRAY OLIVIA SOMERVELLE	PURRAY
to no ord		YES NO ORDNIKNOWN) (IF YES, GIVE W	JAR OR DATES 213-36-200 William P.C. Lippitt:	SAMEQS 136
re-thousand ng physic bon-sope mesocal covert, th		PART I. DEATH WAS CAUSED B		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
e deuth e offend more cor odfon, o	1	Canditions, if any, which gave rise to immediate	DUE TO, OR AS A CONSEQUENCE OF	1_
that the the the the the the the the the th		cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF	
Then you miney	ATION	190 DATE OF OPERATION	NDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN	
The law incident of property o	CERTIFICATION	21g. ACCIDENT WAS UNDERLYING	YES NO YES	
rysician Ing phy scentific Menol Ho	MEDICAL C	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 216 IN JURY OCCURRED	THE REPORT OF COMMENT OF PARTY OF THE PARTY	1 OR PART 2)
After the contract of the cont	WE	NOT WHILE AT WORK	LAT HOME STREET FACTORY OFFICE FARM, ETC 1 STREET CITY OR TOWN	COUNTY STATE
ATTENCE SECTOR. SECTOR. SECTOR. SECTOR. SECTOR.		27a I certify that (I) (this hospital) naw the doctored there on above, (I) we I did! (fild not) v 27b SEGNATURE	in The body after death. 19 2 and that in (my Your) opinion death occurred no the date and hour or	A STATE OF THE PROPERTY.
PITAL OP by the 1 ERAL DIS Shore De		228 PHYEICIAN WATAR INCOME	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	6/18/82
Media de la companya		Charles H. W	lirth MD Thothian Mc	1'
BP		Burial	6-20-82 Christ Church West River A	A Md
DHMH - 16 50M 1/81 (VRA 15, 4)		uneral director rdesty Funeral Ho	ome Annapolis JUN 21 1982 Janes	Jan lather

A VELLE LE LE MANUELLE DESIGNATION DE LA COMPANION DE LA COMPA 5 7 72/27/9 HELD 7 / P 54 Was 5 + 4711 751 Sant the Sandrak Med AA Marines Les Company are Rel VILLE RESERVE TO STREET THE STREET STREET STREET SERVICE THE STORY OF THE SHARE SHOW AND A STORY OF THE SHARE SHOW Experienced Antonios densing years



	STA	TE	OF MARYLAND	
PREFAIN	OF	ur	ALTH AND MENTA	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8
CERTIFICATE OF DEATH

	1-	FOR STATE REGISTRAR	DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 2	14	1	9 4
		CEASED NAME FIRST CORPRINT) Elizab	eth Maryann	Lo	noo		MONTH DAY	YEAR	26 HOUR 215PM
4	3 SE		1 RACE White	Jan.		6 AGE (IN YEARS LAST BIR	THDAY) IF UNDE	R I YEAR DATS	IF UNDER 24 HRS HOURS MIN.
3	(RYHPLACE (STATE OR FOREIGN COUNTRY) Manyland	76 CITIZEN OF WHAT COUNTRY	MARRIE		9 BALTIMORE CITY O	R COUNTY OF DE		MD
0	Pe	ty or town of DEATH asadena	309 Cockey Dri	LVE	DR OTHER INSTITUTION 21122	17a USUAL OCCUPATION OF THE PROPERTY OF WORK FOR MOST OF THE PROPERTY OF THE P	F WORKING LIFE) - IND	KIND OF USTRY	BUSINESS OR
3	13015	anyland inne	ROTHER INSTITUTION GIVE RESIDENCE BEFOR NITY PARTIES TO PASAGE	NN	13d. INSIDE CITY LIMITS? YES NO 🎉		y Drive		21122
20		Joseph	Kruszewski		Victoria	WIDDLE		Rnowr	ι
/		(IF YES, GIV	ve war or dates) 217-12-	6711	Joseph J. Le	ongo S	ame as #1		
		PART I. DEATH WAS CAUSE	ally one couse per line for (a), (b), or ED BY: TE CAUSE (o) DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	JENCE OF	CARCINOMA	OF CERV	1×	APPROXIMENTED IN THE PROVINCE OF THE PROVINCE	NATE INTERVAL NASET AND DEATH 2 1982
9	CERTIFICATION	19a. Date of operation	CONDITIONS CONTRIBUTING TO		N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE IN CERTIFYING C	FINDING AUSES (GS USED DF DEATH? NO []
9	MEDICAL CE	71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINES TID UNDER CONTRIBUTION OF THE CONTRIBUTION OF T		19	211 LOCATION STREET	ED (ENTER NATURE OF INJUR		PART 2)	STATE
		22a. I certify that (I) (this haspi	atal) attended the deceased fram.	82 . or	ad that in (Qur) opinion of DEGREE	deoth occurred an the da	19 Å		not (we) lost ouses stated
/		/	Dailey M.D.	D.	ATTENDING N PHYSICIAN N 270 ADDRESS 666 1	MEDICAL STAF	LL WOOD 2112	6/5 RD	182_
	CI	URIAL, CREMATION, REMOVAL SPECIFY) STOMBERAL DIRECTOR/MI	6/10/1982 (edant		Brooklyn	Pk. A.A.	unde	4 Md.
	Me	Cully Funeral	Home of Pasaden	asader a 21	na, Md. 122 JII		ZI	and	Kerthen

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

MPORTANT: If them 21 is marked or Item 18 shows any injury, ar other traumatic event, th

	6.1	nes process that	
	,	into state	skinn)
אמות המוד כל מוחלוו,	X		
		Jif (peren seve	catalicae)
jöj Greber vitus 2012	у.	Tuned Insidence	sand bridger
and the second s	Licinsia	7////9/8/7/2	Joseph

Singleton Funeral Home, Glen Burnie, MD

- STATE

DHMH - 16 50M 1/81 (VRA 15, 4) STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE A

The side of the state of the st Sant laken kinnersk hone, sten num se te in 11 87 812 m

1/2	1					STAT	E OF MARYLAND				ela d
13	1.	FOR STATE			DEPAR		EALTH AND MENTAL	IYGIENE8 2		41	9 6
		REGISTRAR				CERTIF	ICATE OF DEATH	RE	G. NO.		
		CEASED NAME	FIRST		WIODIE		AST	20 DATE OF DEA	TH MONTH	OAY YEAR	26 HOUR
ge 3	1		BAL	57	E.	MAR	TIMI ST		6 3	30 80	934
OE OF	3 SE	X		4 RACE		S. DATE (6 AGE (IN YEARS LA	ST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
9 2 2		Male		Caucas	ian	Febr	uary 1, 189	5 87	YRS.	MONTHS DAYS	HOURS MIN
4	7a B	RTHPLACE (STATE OR FO	DREIGN	76 CITIZEN OF	WHAT COUNTRY	2 8	D NEVER MARRIED	9 BALTIMORE CI	TY OR COUN	Y OF DEATH	
Ni 6 5 1524	6	New York		United	States	WIDOWI			indel C	ountsz	MI
9 9 9		ITY OR TOWN OF DEAT	ГН		HOSPITAL, NURS		OR OTHER INSTITUTION	120 USUAL OCCU	PATION	126 KIND C	F BUSINESS OR
و المالية الما	An	napolis		Annapo	lis Gene	ral Ho	spital	Chief Er			oad.
See be so	USU 13a	AL RESIDENCE (# NURSIN	DHOMEON	MEN INSTITUTION	GIVE RESIDENCE BEFO	RE ADMISSION)					#405
S S S S S S S S S S S S S S S S S S S	Ma	ryland	Monto	gomery	Kensing		138. INSIDE CITY LIMITS	3333 Uni	versit	z Blyd	
offin offin	14. F/	THER'S NAME					15. MOTHER'S MAIDEN	NAME		Diva.,	West
MAR w big of w	Т	awrence		A.	MARTIN		Teresa	C.	LE	BLOXT	ON
RE, I	Hu.	VAS DECEASED EVER II	N U.S. AR	MED FORCES?	16b SOCIAL SEC	URITY NO.	17 INFORMANT		E)ESSTame	eson Pla	
MO Page	1	NO	(IF YES GIVE	E WAR OR DATES)	718-14-9	2010	Dobout E		ofton,		
ALTI re be bers	-	18 CAUSE OF DEATH	1 . E . 4		-		Robert F. S	pinale, Ci	or con,		.14 IMATE INTERVAL ONSET AND DEATH
fico phys pop novo ent,	19	PART I. DEATH WA	AS CAUSE	D BY:		SPTA	DATABY	ADDET		BETWEEN	ONSET AND DEATH
N ST cert rbar rc ev		1519	MMEDIAT	E CAUSE (a)	~	SPE		MENT SI			
oth e co on, o		Cardina 4	101	DUE TO, C	R AS A CONSEO	UENCE OF	DATTOL	1		1/12	ex5
PRE de		Conditions, if any, gave rise to imme	ediate	(p)_		E TOY (KILLON			0.500	5 FN 3
W. or the series of the series		cause (a), stating underlying cause	lost	DUE TO, C	RAS A CONSEOL	UENCE OF	-c CADO	TAMAL	1	31	NOS.
201 sed the		PART 2 OTHER SIGNI	IE IC A NIT C	(c)	ONTRIBUTING TO	DEATH BUT		LIGOIVIF			
sign sign hen to bu	Z	PART 2 OTHER SIGN	IFICANT	ONDITIONS C	ON INBUTING TO	DEATH BUT	NOT RELATED TO THE TE	KMINAL DISEASE OR	ONDITION G	IVEN IN PART 10	5
been mit. I prior any if	CERTIFICATION	190 DATE OF OPERAT	ON	19h COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?	ZON JE Y	ES, WERE FINDIN	VGS LISED
nos to no	FIC					., 0. 5			IN CERT	IFYING CAUSES	OF DEATH?
VITA N. Th Nysicio roote t Hygie Hygie	ERT	210 ACCIDENT WAS UNDE	RLYING	21b. TIME C	OF INJURY		21c. HOW INJURY OCC	YES NO		res	NO 🗌
SION OF VII PHYSICIAN: ending physic this certifica the buriol-tran and Memial Hy d or item 18		OR CONTRIBUTING CA	AUSE OF DEAT	TH HOUR A	M. MONTH	DAY YEAR	THE TOTAL BOOK OCC	OWNED (ENIERNATURE O	INJURY IN HEM 18	PART (OR PART 2)	
HYSICIA ding pil his certif burial-t Mental	MEDICAL	(IF EITHER NOTIFY MEDICA			OF INJURY	19	211 LOCATION			100	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 INC. PHYSICIAN: The law requires that the death certificate be executed within 24 hours retending physician. When this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove carban papers: Pages I and 2 should be fill the and Memal Hygene prior to burial, cremation, or removal. The analysis of the please remove carban pages. I and 2 should be fill the and Memal Hygene prior to burial, cremation, or removal.	WE	WHILE NOT WHILE	E 🗇	(AT HOME ST	REET, FACTORY OFFICE	FARM, ETC.)	STREET	CITY	ORTOWN	COUNTY	STATE
DING P or offer the as the		220 1 certify that (4)		al) attended th	a deceared from	N	AY 10 %	7 - 701	E 30	10 × 7	1 0 1
OR OR STEEN		sow the deceased	d olive on	TUNG	30 19	52-0	nd that in (my) (our) opini				that (1) (we) lost
- F G D + 0 C		abave (D(we) (di 22b. SIGNATURE	d) Gid not	view the body	alter death	-	DEGREE		- date ond the	22¢ DATE.	
he ho DIRECTOR		EPAA.	. 6	1/2	History	0	ATTENDING	MEDICAL _	STAFF _	TT /	SIGNED
SPITAL A by the NERAL De detoe be detoe e State I TANT. H		MId. PHYSICIAN'S MAI	MA LIVE OF	MA	naux	5	PHYSICIAN THE ADDRESS	DIRECTOR PH	YSICIAN	1//	100
HOSPITAL Lined by the FUNERAL Wild be detribed by the State CORTANT:	(BALL	2, D	14.	-110110	A . I	11/20	A	11.1	1200	616
TO HOSPITAL TO FUNERAL should be det with the Stote	22	DAKK	YK		HANS		177081	JELENZE	TUJY-	STANSE	145,111
00	230.	SURIAL, CREMATION, R		23b. DATE			EMETERY OR CREMATOR	CITY OR TOV	/N	COUNTY	STATE
BP	24 5	Bur:	ıaı –	July 3	,1982 Cc	Lumbia	Gardens Ce	m. Arlingto	on, Vir	ginia	
DHMH - 16 50M 1/81 (VRA 15, 4)	20	INERAL DIRECTOR IN	ves f	uneral	HOME		230. 1	DATE REC'D. BY REGIST	KARUSE REGIS	AR'S SIGNAT	URE
	20	47 Wilson	RTAG.	, Arlin	igton, Vi	rginia	22201	9 1982		(h)	

SAME TANKS OF THE REAL PROPERTY OF THE PARTY The state of the s strongly (former to be the first the last to be like the

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN CTYPE OR PRINTS Rachael Gertrude DEATH MATED DATE OF BIRTH IF UNDER 24 HRS 2d. HOUR DATE LAST BIRTHDAY PRONOUNCED 3 Black DEAD Ju BIRTHPLACE INTATECE 76. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! U. S. A. Maryland WIDOWED A DIVORCED B CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE! Homemaker Home URSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION aryland 1136. COUNTY LJC. CITY OR TOWN 13d. INSIDE CITY LIMITS? Crownsville, Maryland rownsvi 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Louisa Gaither George 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Bal UIMOre, ADDRESSING, 21225 (IF YES, GIVE WAR OR DATES) Mr. Carlton L. Matthews 314 Bridge-215-14-7538A 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o. DUE TO, OR AS A CONSEQUENCE O Canditions, if ony, which gove rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 198. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES [VARDED TO THE CAGE 3 SHOULD BE ATE DEPARTMENT NO BURI 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21e. PLACE OF INJURY (AT HOME, 21d. INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE AT WORK AT WORK CITY OR TOWN COUNTY STATE TO MEDICAL EXAMINER: PERCUTE THE CERTIFICATE.
PAGE 4 SHOULD BE FORV
TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST
BATTIMORE, MARYLAND, 21 Inspection X 22a. I certify that I took charge of the remains described above, held on Autopsy and in my opinion death resulted fram Suicide Homicide Undetermined manner DATE SIGNED 6.21.83 SIGNATUR EXAMINER'S NAME TYPE OR PRINT 230.BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 6/26/82 Arbutus Mem. Park Buria] timore BP. County. 25a. DATE REC'D. BY REGISTRAR 25h 25h 51kA **DHMH-17** (VR A15 ME (5)) E. NUTTER FUNERAL HOME 3035 W. NERTH AVE. JUN 15M 7/77

Hardest E Hartes Elevanda John Tong Law Wilson File Committee of the Commi

CET OF THE PARTY THE TENTRAL PROPERTY OF THE PROPERTY OF THE PARTY OF Male White Dec Hiller 19 VA USA III Have Arundel The and the land mount to inter the transfer of eligeria & eligeria the many apparent 28 × 2 xxt many file to the ETTE WOTE TO LESS MASSES FOR TO DE Marie Mart was him a Charles The training of the territory of the territory and the territory a - Smith Mind General Standard Tenenation of Hand 1 119

STAIL	10	MARYLAND	

DEPARTMENT OF REALTH AND MENTAL MYGIENE ()

1	- STATE REGISTRAR			DEFARIN	CERTII	FICATE OF DE	ATH	REG. N	0	4 1	7 7
	ECEASED NAME	PRST	. M	NIDDLE	4, 3	LAST		20 DATE OF DEATH	MONTH DAY	Y YEAR	2b. HOUR
	Marie Tellery	Mary	(N.	M.I.)	MeN	eice		June 12,	1982	1112	5:20A.
1.5	EX		RACE		5. DATE			6 AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
	Female		White		October 23, 1895		1895	86	YRS	MONTHS DAYS HOURS MIN	
	BIRTHPLACE STATES	HOLEGN	76. CITIZEN OF V	WHAT COUNTRY?	8			BALTIMORE CITY		F DEATH	
	lew Jersey		U.S.A.		WIDOW	D NEVER MA	DRCED	Anne Arun	del		M
	CITY OR TOWN OF		11. NAME OF H	OSPITAL, NURSIN	G HOME (120 USUAL OCCUPAT	ION		F BUSINESS OF
	nnapolis	11.9	Bay Man	or Nursi	ng Ho			Housekeep		Prive	te Home
130	UAL RESIDENCE (IF N	136 COU		GIVE RESIDENCE BEFORE 13c. CITY OR TOWN		134 INSIDE CIT	Y LIMITS?	13e STREET ADDRESS			
_	aryland	Anne	Arundel	Millers	ville	YES T	40 🗆	1637 Mill	ersvill	e Road	d
233	FATHER'S NAME		WIDDLE	LAST		15 MOTHER'S		E MIDDLE	1041	LAS	, T
U	nknown					Unkr	own -	Last Name			
	WAS DECEASED EV		MED FORCES?	166 SOCIAL SECUI	RITY NO.	17 INFORMAN	T	ADDR	ESS Addre	ss San	ne as
El land	10	(# 123, 011	c war on bales)	084-07-	7803	Mrs. Et	hel E.	McNeice	Ne# 1	13e.	
	III CAUSE OF DE	ATU Estas as		line far (o), (b), pno	1					APPROXI	MATE INTERVAL ONSET AND DEATH
NO.	PART 2 OTHER S	vse last	(c)	NTRIBUTING TO D		NOT RELATED T	O THE TERMIN	NAL DISEASE OR CON	DITION GIVEN	IN PART 1(c	21
CERTIFICATION	M. DATE OF OPERATION		196 CONDITION FOR WHICH OPERATIO			ON WAS PERFORMED		INCERTI		S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \(\text{NO} \)	
MEDICAL CERT	21g. ACCIDENT WAS OR CONTRIBUTING	CAUSE OF DE	ATH HOUR A.A	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19			YES NO YES YES NO 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)				
	21d. INJURY OCCU		216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 216 LOCATION STREET CITY OR TOWN COUNTY						STATE		
	22a.1 certify that (1) (this hamped) attended the deceased from saw the deceased olive on 19 82 and that in (my) (our) opinion death accurred an the date and hour and from the causes stated above. (1) (we) (did) (idid not view the body after death.										that (I) (we) fas causes stoted
	27h SIGNATURE Hoseph & Dut				DEGREE ATTENDING PHYSICIAN			MEDICAL STAFF DIRECTOR PHYSICIAN			
	22d. PHYSICIAN'S						27e ADDRESS				
	Joseph	Grant,	M.D.			7448 F	arnance	Branch Ro	• Glen	n Burn	ie, Md.
23 a.	BURIAL, CREMATIO					EMETERY OR CR		23d. LOCATION CITY OR TOWN	cc	DUNTY	STATE
	Crema	tion	June 13	3.1982 Me	trope	olitan C	remato	cy Alexand	ria x Al	exandr	ia Va.

DHMH - 16 50M 7/77 (VR A 15 (4))

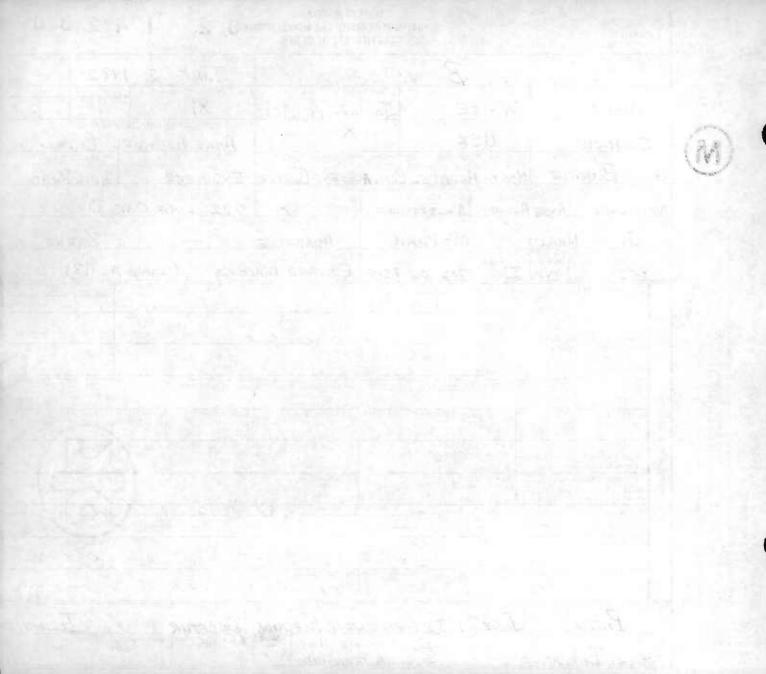
74 FUNERAL DIRECTOR
NAME
F. Gasch's Sons F.H. P.A. Hyattsville, Md.

BY RECUEL AR 256 PEGISTRAP SHENATURE

June 12, 16 / 5 8-15 36	ENE I CE	(N.M.T.)	LK MERK	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	CA11, ESTATES		WORLD	e, J
Anno Arundol		W 47	· Livie	1.
Monado e e e e e e e e e e e e e e e e e e e		VINTER VA	arce	ens Propriet
1637 Millersville Road	z ell.	iversilit foba	Ame Arm	heefyes.
Last Name Reetz.	- montain			(weight !
Veleice to lie.	.7 fert .87/			ο¥
7				
		is on	f : T	
or retail at the retain, and				

P. Conchis Sons P.H. P.A. Syntheville, 180.

R	1,	FOR STATE	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES 2 1 4 2 0 0
	I DE	REGISTRAR CEASED NAME FIRST	CERTIFICATE OF DEATH REG. NO. MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 26 HOUR
noy be poge 3		SORPRINT) SONI	weth B McPhAIL JUNE 2, 1982
oge 4 mc ector, p	3. SE	MALE	RACE S. DATE OF BIRTH JONIH DAY YEAR WHITE S. DATE OF BIRTH JONIH DAY YEAR JONIH DAY JONIH DA
O d bo	9	IRTHPLACE (STATE OR FOREIGN OUNTRY)	USA WIDOWED DIVORCED ANNE ARUNDEL COUNTY OF DEATH WIDOWED DIVORCED ANNE ARUNDEL COUNTY MD.
effer d	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
VD 2120	13a	AL RESIDENCE (IF NURSING HOME O STATE 136 COU	ROTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) NTY 136 CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS
MARYLAND ed within 24 mpletely liller and 2 should		ATHER'S NAME	ARUNDEL MILLERSVILLE YES NOX 772 LINE OAK DR. 15. MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE MIDDLE MIDDLE RUST RUST
	160 \	WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS
BALTIMORE, one be executed to be executed to be supported to be executed to be supported to be		YES WH	
, 201 W. PRESTON ST., res that the death certifi and by the attending pl please remove carban purial, cremotion, or rem		Conditions, if any, which gave rise to immediate cause to, stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
AL RECORDS, : he low require into been sign it permit. Then the prior to but tows ony injury.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO
DIVISION OF VITAL NG PHYSICIAN: The offending physicion in sorthicrose has cartificate has cartificate has on the buriol-tronsit produced or them 18 show orked or them 18 show		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DAY YEAR
IVISION IG PHYS offenthis catter this catter bur offenthis catter the catter of the ca	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211. LOCATION STREET CITY OR TOWN COUNTY STATE
DI TENDIN TOR: Aff for use of for use of for use of for use of for use of		sow the deceased alive or	ortal) attended the deceased from 5, 19, 19, 19, to 5, 2, 19, 19, 10, that (I) (we) lost 19, 19, 19, 19, 19, 19, 19, 19, 19, 19,
ILOR A. the hosp LDIREC etoched in Pept.		22b. SIGNATURE	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 6 · 2 - 82
TO HOSPITAL retained by the TO FUNERAL with the State with the State		22d. PHYSICIAN'S NAME (TYPE O	DEPRINTING 220 ADDRESS COLUMN
PP	23a. I	BURIAL, CREMATION, REMOVAL SPECIFY)	236 DATE 236. NAME OF CEMETERY OR CREMATORY PARTIES OF THE STATE OF TH
DHMH - 16 50M 1/76 (VR A 15 (4))		UNERAL DIRECTOR NAME REPT RAPPANCE	ADOSO RITCHIE HWY 120 REC D. BY MOST REGISTRAR'S SIGNATURE



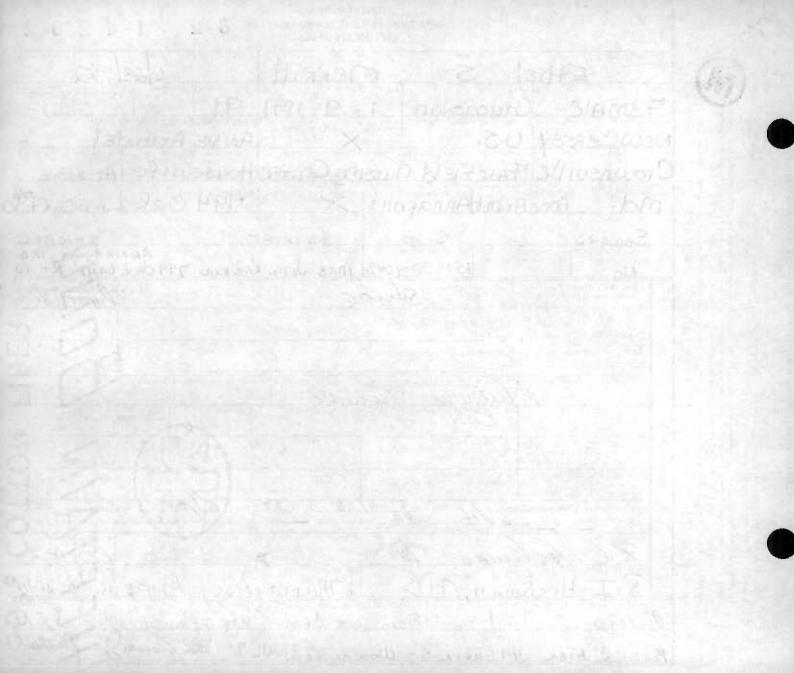
Crances

James S. Kirkley, Glen Burnie, MD

FOR

(VR A 15 (4))

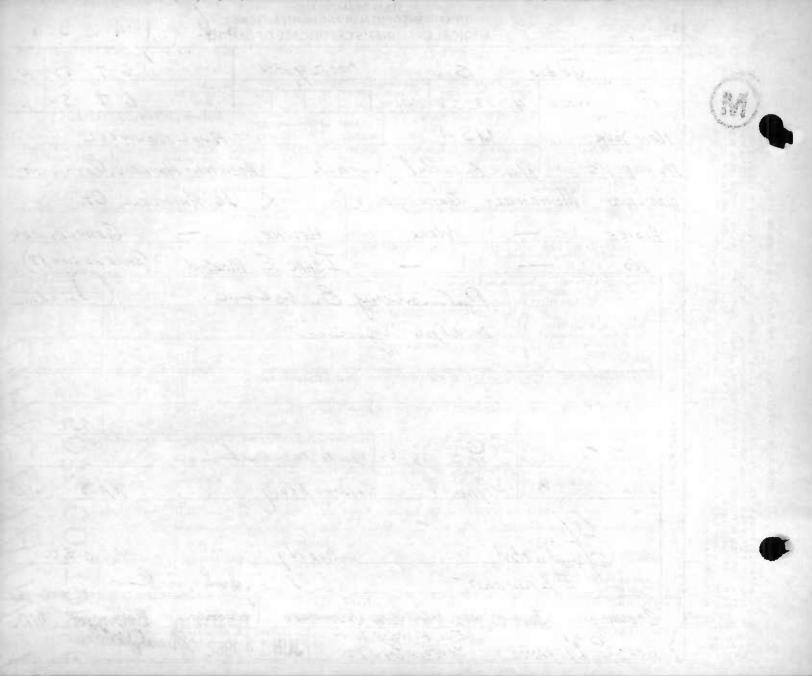
Secretary and the			
JUL. 7, 1982 2420E	Sir A		
YIMLOD DEAMONN ENDA			
			UE Hadi "
DADE MEALINGS NOT			
WOLLD STATE WHEN BY COM	and and	* * * * * * * * * * * * * * * * * * *	



COLUMN TO SERVICE STREET, SERV MARGINAR WISA to similar to the formal Comment of the formal from Co Hasey to Millee KATE A Golden I manufact of Actores ED HOE Samous "13 Boot Farence House John State Commission of the State of State of

He domestic control mounts of the controls of the controls of the controls of the control of the Markey S. S. State Street Street Party of the common and the contract of the co The said the said the said of Trop all strains Alatha State Enter to the way the second of the THAS JAKHOUS ROSE THE THE REPORT OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEPTH 4 REGISTRAR REG. NO I. DECEASED NAME Q. DATE KNOWN YEAR 7b. HOUR (TYPE OR PRINT) OF ESTI-MOR GAN DEATH MATED 1987 3. SEX DATE OF BIRTH A AGE IN YEARS IF LINDER 1 YR IF UNDER 24 HRS 2d. HOUR DATE MONTH YEAR LAST BIRTHDAY) PRONOUNCED WHITE 23 38 DEAD To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY YORK ANNE BRUNKEL WIDOWED DIVORCED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS General SSISTANT MANAGER 130 STATE OUNTY CITY OR TOWN 13d. INSIDE CITY LIMITS? . 13e. STREET ADDRESS MONTGOMERY GAITHERSBURG 26 MARYLAND NO X RAMSDELL 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST LAST ALOISE WEHR GENSHEIMER HELENE 40 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 165 SOCIAL SECURITY NO. INFORMANT ADDRESS DIVISION PAGES (YES, NO, OR UNKNOWN) VO CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART I DEATH WAS CAUSED BY: CAL EXAMINER ALONG
BURIAL-TRANSIT PERMIT
AND MENTAL HYGIENE, selden IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES [] NO E 3 SHOULD BE DEPARTMENT PRIOR FO BURIA 21a EXTERNAL CAUSE WAS 215. TIME OF INJURY HOUR AM MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21. UNDERLYING OR MEDICAL 281952 CONTRIBUTING CAUSE OF DEATH P.M. 211 LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY AT WORK NOT WHILE CITY OR TOWN COUNTY STATE C AACO 23 DIRECTOR: 220. I certify that I took charge of the remains described above, held on WITH THE Inspection Inquiry and in my opinion deoth resulted f Accident Homicide Undetermined monner ACTUAL PAGE 4 SHOU
TO FUNERAL D
AFTER DEATH, 6.7.82 SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME (TYPE OR PRINT) 23a.BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY LOCATION WESTYEIN CREMATORY CREMATION BP. 24. EUNERAL DIRECTOR 25e. DATE REC'D. BY REGISTRAR **DHMH-17** (VR A15 ME (5)) SEVERMA TARK, MO 15M 7/77



- STATE

DHMH - 16 50M 1/B1

(VRA 15, 4)

REGISTRAR

ANNE ARUNDEL COUNTY 12b. KIND OF BUSINESS OR (TYPE OF WORKING LIFE) INDUSTRY Retired 13. 703 Wimmer Road Cavell Mrs. Elizabeth Stout, same as 13 uphyrema & deute MI NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN 517 EMPIRE TOWERS GLEN BURNIE, MARYLAND 21061 Elkridge, Howard, Maryland Meadowridge Mem.Pk. Burial 28 June 82 24 FUNERAL DIRECTOR sances James S, Kirkley, Glen Burnie, Md.

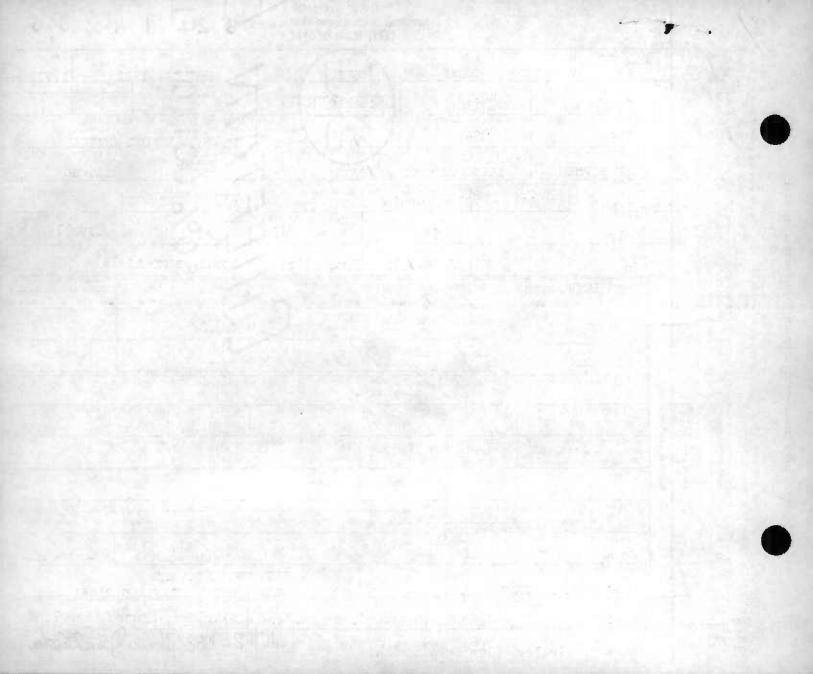
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 💢

CERTIFICATE OF DEATH

2a. DATE OF DEATH

EDT

26 HOUR



					.02575
0					
n militar uni		Stranger 1			dust atmissible
, Los established	market of \$2 and	fill artists	puls or an		
) Zaroli		
					A 5
	the contract			.H. , of danks	1 cm 1 d
	Comments of			me was	127-41

DE Samo officiale et al. and the same with the 13/3/10 and senam total Targett THE STATE OF THE SHIP AND A SHARE A STATE OF THE STATE OF THE SHARE OF

James S. Kirkley, Glen Burnie, MD

- STATE

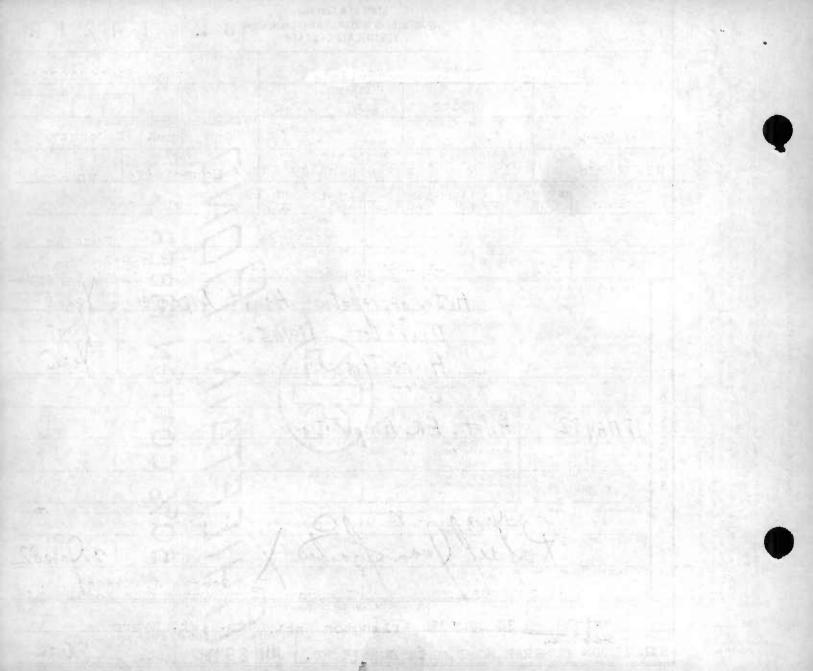
DHMH - 16 50M 1/81 (VRA 15, 4) STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

COLUMN TO THE PARTY OF THE PROPERTY OF THE PARTY OF THE P AND THE YOR OF SHIPS IN THE COMMENT OF THE PARTY OF THE P

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICAT REGISTRAR DECEASED NAME DATE KNOWN 26 HOUR TTYPE OR PRINTS OF ESTI-MIN CHANG 28 19 82 4 RACE DATE OF BIRTH AGE (IN YEARS 24 HOUR IF UNDER 24 HRS DATE 3:10 LAST BIRTHDAY) PRONOUNCED June 1, 1955 27 YRS 1982 Male Korean 28 76. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X U.S.A. Korea WIDOWED DIVORCED Anne Arundel 10 CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS Clothing Salesman south of Harbor Tunnel SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 134 INSIDE CITY LIMITS: 136 STREET ADDRESS Valewood Road YES \square NO N21204 Baltimore Maryland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST Park Park Jong Keum Yong Joon 17 INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 219-70-4197 Chang Ho Park Towson, MD 21204 Yes 1976-79 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Blunt injury to trunk and head DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES XX NO 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH BAY UNDERLYING XXOR MEDICAL 28 19 82 CONTRIBUTING CAUSE OF DEATH driver in motorcycle/fixed object impact 211 LOCATION Te PLACE OF INJURY STREET, FACTORY, FARM, ETC.) WHILE AT WORK AT WORK XX Rt. 295 south of Harbor Tunnel, Anne Arundel road EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PY AFTER DEATH, WITH THE STINDARM MARKAND, 2'S BALHMORE, MARKAND, 2'S 220 I certify that I took charge of the remains described above, held an Autopsy Inspection death resulted fram: Natural causes Accident XX Suicide Homicide Undetermined monner TITLE (SPECIFY) ACTUAL DATE MD Assistant 6-29-82 EXAMINER'S NAME III Penn Street Virginia L. Dolan, M.D. 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY STATE Baltimore Co., MD July 1. 82 Moreland Mem. Park Burial 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** William E. Johnson 8521 Loch Raven Blvd. ii (VR A15 ME (5)) 20M 4/82

ACCESS OF A MARKET OF A PARTY OF and the same of th with the property and make the best three to be a stable.



1		FOR STATE REGISTR	AR
		EASEDN	AN
(14	PE (OR PRINT)	
_			_
1, 5	EX		
3		FEMA1	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CERTIFICATE OF DEATH

	KEOTOTKAK								REG. NO).			
	CEASED NAME	EIRST		MIDDLE	- 1	(ASI		20 DATE C	OF DE ATH	MONTH	DAY	YEAR	26 HOUR
1	OH PRINT)	MARY	E	MMA		PLATT				06	28	82	A. N
3, SE	X		4 RACE		5. DATE C			6 AGE (IN	YEARS LAST BIRT	HDAY)		DERIYFAR	IF UNDER 24 HRS
	FEMALE		WHIT	E	11	18	02		79	YRS	MONTH	DAYS	HOURS MIN.
	RTHPLACE (STAT	E OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER A	ABBIED []	9 BALTIM	ORE CITY OF	COUN	TY OF D	EATH	
	VIRGINI	TA	U.S.	Α.	WIDOWE		ORCED	ANN	E ARUN	IDET.			MC
10 C	TY OR TOWN OF	DEATH	11. NAME OF	OSPITAL, NURSIN	G HOME C			170 USUAI	OCCUPATIO	N			F BUSINESS OR
T.3	NTHICUM	1		H FACILITY, GIVE STREET IN		21000			TEMAKER		(IFE) IN	DUSTRY	
USU	AL RESIDENCE (#		OTHER HIST TUTION.	GIVE RESIDENCE BEFORE		21090		1 1101	IEPAREI		-		_
	RYLAND	TA SOUN	The same of the sa	13c CITY OR TOW		13d INSIDE CI		13e STREET		1 0			
	THER'S NAME	LALLE	GANY	OLDTOWN	N	YES 15. MOTHER'S	NO X	BOX	57 RT	2. 2			
13.17	FIRST		AIDDLE	LAST			FIRST	WE	MIDDLE			LA	17
	LAFAYE			CARDEI	3	MA	RY		SUSAN			SAU	NDERS
	VAS DECEASED E		AED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMA	NT		ADDRES	SS L	INTH	ICUM	, MD.
	NO		THE DE LANGUE	236-82-9	9479	MARY A	NN BUZZ	ZANCA	206 F	IAWTI	HORN	E RO	AD
	Conditions, if gove rise to couse (a), s underlying co	immediate toting the ouse lost	TC/ mage	RAS A CONSEQUE RAS A CONSEQUE	- ///	The state of the s						•	
NO	PART 2. OTHER	SIGNIFICANT C	ONDITIONS CO	NTRIBUTING TO D	SEATH BUT	NOT RELATED	TO THE TERM	INAL DISEA	SE OR COND	PITION G	SIVEN IN	PART 1	D
CERTIFICATION	19a DATE OF OP	ERATION	19b CONDI	TION FOR WHICH	OPERATIO	N WAS PERFO	RMED	200 AUT	OPSY?	IN CERT	'ES, WEI	RE FINDIN	NGS USED OF DEATH?
	210. ACCIDENT WAS OR CONTRIBUTING (IF EITHER NOTIFY		21b. TIME O HOUR A.I	M. MONTH DA	Y YEAR	21c HOW IN.	IURY OCCURE	RED (ENTERN	AULUI 40 BRUTAN	r IN ITEM II	8 PARTIO	PART 2)	
MEDICAL	21d INJURY OCC	T WHILE	21e PLACE (OF INJURY EET, FACTORY, OFFICE FA	ARM ETC)	71f. LOCATIO	N		CITY OR TOW	VN.	C	OUNTY	STATE
	220.1 certify tho sow the dec obove, (I) (w 22b SIGNATURE	t (1) (this hospit leosed alive on le) (did) (did not	10 de	atter death.		DEGREE A	, 19 92 (our) opinion of				1:	77. DATE	
	D. P	Merce Merce	chant	Keith F.									

BP

DHMH - 16 50M 1/81 (VRA 15, 4)

uriol-tronsit per 8

TO FUNERAL DIRECTOR: Aftrophology Should be detached for use os with the State Dept of Health

IMPORTANT: If Ite

230. BURIAL, CREMATION, REMOVAL 236. DATE REMOVAL/BURIAL

23c NAME OF CEMETERY OR CREMATORY

SULPHUR SPRINGS

736 LOCATION

ALLEGANY

MD.

BALTO., MD. 24 FUNERAL DIRECTOR
NAME
HUBBARD FU 21229 FUNERAL HOME, INC. 4107 WILKENS AVE.

250. DATE REC 8Y REGISTRAR 256. REGISTRAR'S SIGNATURE

A Maria Control of the Control of th The state of the s South Buy Sugar Miles THE THEORY OF THE PERSON OF TH Elessiant gapak Marin - The William Towns of 3 P Marchant / Kint Miles was a war and 9 E the many district and a second and

FOR

Hyattsville, Maryland

(VRA 15, 4)

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENER

La La Caracteria O. O. Horizania - n.> Towns I raided described formes labour | engl = ilocomun' Talenbonn In. Avid asers al artist and ment ment Job may the first . I setten need realist feind Total III as one? mustical . Refor 1875 10 515 angent 6/7/22 come embigation on. Nectivities ... Previous .1.1 , san't Legaler amout at least a tempt

has lyany, allives tayli

1 11	DECEASED NAME FIRST	MIDDLE	LAST	REG. NO. 20. DATE OF DEATH MONTH.	DAY YEAR 26 HOUR
	John	WY	Comphrey	6/4	182
4). 35	SEX	1 RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTY DAY)	MONTHS DAYS HOURS
/ /	Male	Negro	March 24 1896	86 YRS	
3/10	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED DEVER MARRIED	BALTIMORE CITY OR COUN	TY OF DEATH
6	Maryland	USA	WIDOWED DIVORCED	HUNE ARUND	2 (8
10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	ADDRESS)	120 USUAL OCCUPATION	12b. KIND OF BUSINESS
E /	Malapolis	ANNE A ZUNDELG	ENERGY Hospital	Auto Mechanic	tire) INDOSTRI
US 130	UAL RESIDENCE (IF NURSING HOME OF STATE 136 CO)			13e STREET ADDRESS	
201	W AA	CO CoilliAN	YES NO F	5635 SOLLDS	Ro
15/1/14	FATHER'S NAME		15. MOTHER'S MAIDEN NA	ME	
wo //	Merrick	Pumphrey	Emily	WIDDLE	Owens
160	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECU	JRITY NO. 17 INFORMANT	ADDRESS	
0		IVE WAR OR DATES)	John W. Flamp	hmore In Enge	La shas
Ē /	yes WW	1 217-16-	8571	temuta 7272	lan Md
the me	1	1 Z17-16-	857) 770	Witeh	Sands Rd
ψ -	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse per line for (a), (b), on ED BY:	857) 770	- Lectet longhi	APPROXIMATE INTERV
ψ -	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one cause per line for (a), (b), an ED BY: ATE CAUSE (a)	Lespinh Talent	Witeh	APPROXIMATE INTERV
ψ -	18 CAUSE OF DEATH lenter of PART I. DEATH WAS CAUS	only one cause per line for (a), (b), an ED BY: ATE CAUSE (a)	Lespinh Talent	Witeh	APPROXIMATE INTERV
froumotic event, the	18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A CONSCOU	RS71 The lesh esperal Talesh Talesh INV. PAIRME	Witeh	APPROXIMATE INTERVA
ψ -	18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUS IMMEDIA	only one cause per line for (a), (b), an ED BY: ATE CAUSE (a)	RS71 The lesh esperal Talesh Talesh INV. PAIRME	Witeh	APPROXIMATE INTERVA
or other troumotic event, the	18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEOUL	ence of 111, parene	- Charme Com this	APPROXIMATE INTERV. BETWEEN ONSET AND DI
y, or other troumotic event, the	18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUS IMMEDIA Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO	ENCE OF DEATH BUT NOT RELATED TO THE TERM	- Charme Com this	APPROXIMATE INTERVI BETWEEN ONSET AND D
y, or other troumotic event, the	18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO CONDITIONS CONTRIBUTING TO CO	ence of 111, parene	AINAL DISEASE OR CONDITION G	PPPOXIMATE INTERV. BETWEEN ONSET AND DI IVEN IN PART 1(0) ES, WERE FINDINGS USED
ws ony injury, or other troumotic event, the	18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO CONDITIONS CONTRIBUTING TO CO	ENCE OF DEATH BUT NOT RELATED TO THE TERM LUM LUM LUM LUM LUM LUM LUM L	AINAL DISEASE OR CONDITION G 200 AUTOPSY? 10 CERT	PPPOXIMATE INTERV. BETWEEN ONSET AND DI IVEN IN PART 1(0) ES. WERE FINDINGS USED IFYING CAUSES OF DEATH
shows ony injury, or other troumotic event, the	18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO CONDITIONS CONTRIBUTING TO CO	ENCE OF DEATH BUT NOT RELATED TO THE TERM LUM OPERATION WAS PERFORMED	AINAL DISEASE OR CONDITION G 200 AUTOPSY? YES NO	IVEN IN PART 1(0) ES, WERE FINDINGS USED IFYING CAUSES OF DEATHYES NO NO NO NO NO NO NO NO NO NO
18 shows ony injury, or other troumotic event, the	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONSEOUR (b) CONDITIONS CONTRIBUTING TO 19b CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH DO	ENCE OF DEATH BUT NOT RELATED TO THE TERM DEATH SUT NOT WAS PERFORMED OPERATION WAS PERFORMED AY YEAR 21c. HOW INJURY OCCUR	AINAL DISEASE OR CONDITION G 200 AUTOPSY? 10 CERT	IVEN IN PART 1(0) ES, WERE FINDINGS USED IFF ING CAUSES OF DEATH YES NO D
shows ony injury, or other troumotic event, the	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONSEOUR (b) CONDITIONS CONTRIBUTING TO 19b CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH DO	ENCE OF DEATH BUT NOT RELATED TO THE TERM DEFENDENCE OF DEATH BUT NOT RELATED TO THE TERM DEFENDENCE OF OPERATION WAS PERFORMED	AINAL DISEASE OR CONDITION G 200 AUTOPSY? YES NO	IVEN IN PART 1(0) ES, WERE FINDINGS USED IFF ING CAUSES OF DEATH YES NO NO O

hould be detached for use as 1th the State Dept. of Health FUNERAL DIRECTOR: Aft 22a.1 certify that (1) (this hospital) attended the deceased from IMPORTANT: If Item 21 is saw the deceased alive on above, (I) (we) (did) (did not) view the body after death. and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PRITE 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION | SPECIFY Lothian Anne Arundel June 11-82 BP Burial Moses Cemetery 24 FUNERAL DIRECTOR

DHMH - 16 50M 1/B1 (VRA 15, 4)

ATTENDING

Spencer E. Sewell Box 31 Prince Frederick, Md _, that (I) (we) last

yes and a series of the second						
Nerte's Papersy willy verte successful to the seasons of the seaso		30	ādi. is io	4,1	oxisi	tele
Series Party willy verse and the following late of the control of					ASS	Paryland
Perick (untito) will your in the Colon Farshrey in Colon, as a contact of the Colon	0.4	food octua				
Verior (unphray La) (035 dance of verior of the control of the con						
			Estly	gearing	uri .	701
		La Library	mal . milou			203

Po		1	FOR - STATE REGISTRAR	DEPAR	THE OF MARTLAND TMENT OF HEALTH AND MENTA CERTIFICATE OF DEAT		2	4 2	16
	-		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF		DAY YEAR	26 HOUR
	3 7 3	(11)	Virgin	lia m.	PULDV		JUNE	7 82	140 0
	og ()	3. SE	X	RACE	5. DATE OF BIRTH		EARS LAST BIRTHDAY)	IF UNDER LYEAR	IF UNDER 24 HRS
	4 90		Female	White	The second secon	D'8	74 YRS	MONTHS DATS	HOURS MIN.
	Pour Pour	7a B	IRTHPLACE INTATE OF FOREIGN 7	CITIZEN OF WHAT COUNTRY	2 8	9 BAITHAO	RE CITY OR COUNT	Y OF PEATH	
	Junero un 72 un 72	2	Chio	USH	MARRIED NEVER MARRIE	1 - V	ne Hru	ndel	MD.
	the fu	10 9	14.	1. NAME OF HOSPITAL, NURS	ING HOME OF OTHER INSTITUTION	(TYPE OF WORK	OCCUPATION		OF BUSINESS OR
201	ors o	1	Illnapolis	/////	tel beneral	Ne	ti	/eac	cher
AND 21	filled in hould be	130	AT RESIDENCE (IF NURSING HOME OR C STATE) 13b COUNT	THE PINSTITUTION, GIVE RESIDENCE BEFORE YA 13 EG 9 EWG		13. STREET 272	O Solom	ons. Is	1. Rd.
ARYL	d within pletely and 2 sl	14 F.	ATHER'S NAME	DOLE LAS	15. MOTHER'S MAID		WIDDLE	DI	st
E, M	ě 8°C PYL	14	VAS DECRASED EVER IN U.S. ARM	Ji W119		ire	ADDRESS	Prud	en
TIMOR	be execu	160		war or Dates) 2/836	7833 Willia	m B. Pur	dy +	4/3	
T., BAL	physici npaper moval.		18 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED IMMEDIATE	BY.	nd ic Tours	hos	^	BETWEEN	MATE INTERVAL ONSET AND DEATH
ONS	h cer ding orbo or re		35 10 MMEDIATE	DUE TO, OR AS A CONSEQU	IENCE OF				
EST	deat ove ove o		Conditions, if ony, which	((b)	5211(22 01				
W PR	hat the by the ose rem I, cremo		gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQU	JENCE OF				
RDS, 20	equires to signed the ple to burion njury, or	NO	PART 2 OTHER SIGNIFICANT CO		DEATH BUT NOT RELATED TO TH	E TERMINAL DISEASE	OR CONDITION GIV	VEN IN PART 1	0
DIVISION OF VITAL RECORDS	has been permit.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	HOPERATION WAS PERFORMED	200 AUTO	INCERTI	S, WERE FINDIN	NGS USED OF DEATH?
/ITA	No. The specific consists Hyginal 18 sho	CERT	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW INJURY (OCCURRED (ENTERNAL	400		140
OF	SICIAN: ng physic certificat urial-tran lem 18 s		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH (DAY YEAR				
NO	HYSI nding tits ce buri Mei or lit	MEDICAL	216 INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION				
IVIS	offer if ter if ter if hand rked	Σ	AT WORK AT WORK	(AT HOME STREET, FACTORY, OFFICE,	FARM, ETC.) STREET		CITY OR TOWN	COUNTY	STATE
<u> </u>	NDIP I ar II. Af	W 3	22a I certify that (I) (this hospita					19	that (I) (we) last
	ATTE Spirts CTO CTO 3 fer 3 fer 4 21		obove/fil (yet did) (did not)	view the body after death.	ond that in (my) (our) o	pinion death occurred	d on the date and hou	ond from the	couses stoted
	the ho the ho eluches the Dept		27h SIGNATURE	Was u	DEGREE ATTEND		STAFF	22 DATE	SIGNED 2
	TAN TAN		THE PHYSICIATE NAME INPI ON	11:11 / 1	22e ADDRESS	Ser Engage Conf	1114	1/m	1
	OH OH OH		Stephen	n Hiltebill	1e Hni	na poli:	s, Md.	0	
1.5	E. 0. V.	72u. 1	CREMATION REMOVAL	23b. DATE 23c	MAN OF CEMETERY OF CREMA	10RY 236. LOKA	TION	Ann	MAIN
/	BP	14.65	DUTIAL	6-10-82 (edar DIUT	171	mapolis	0-1+1	Md.
	(VRA 15, 4)	9	om M. Jayle	+ dons Chi	rapolis, Md.	JUN 141	982 There	i City	NJE TH

0 1 1 2 6 2 WITCH PURELY TO THE THE THE TENE T IS YOUR Chip I 4 USA S ARRE ALLINGEL Emissions Phina Avandel Denoral Net Paster Md PEAR Exemples I are relement Ist and National Artistation of Artistation and Artist Bracher Speries Staplen Hitch He June police 12 -Burnal of to-see Coden Buff - Freedom AH M Law Wille College Chimotopic College C

		MARYLAND STATE DEPARTMENT OF HEALTH			
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	4 2	1	7
HEALTH DEPT.		DECEASED-NAME First Middle Last 20. DATE KNOWN Man OF ESTI- DEATH MATED 6		Year	2b. HOU
ge 5 may	3. S			Year F	2d. HOUI
hours trem 18. Give Po form PM3. Page	coun	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH NOTICE) MARY AND 21. 8. A. WIDOWED DIVORCED 7. M. CO			A
4.21201 24 hours in Item in form in form in form in	A	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of working life, even it retired flower flowers). NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of working life, even it retired flowers).		KIND OF BUS	MESS OR
RE, Md. 24 within 24 pencil in long with	13o. a	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. MY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE MARYLAND 13b. COUNTY A. A. CO. CHURCHTON YES NO _ 5657 S.	HORE	DR	
TIMO scuted in file of file]4. F	FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle LEWIS MORAN TUNKNOWN		Last	
be e l be		WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, prynknawn) (If yes give war or dates of service) 16b. SOCIAL SECURITY NO. 577-10-6973 17. INFORMANT MRS. FREDR FRANKLIN UPPER	417- MARI	· HANCI Bero	HOTER
MINER: This certificate should be secrificate, writing the word "peded to the Chief Medical Examiner burial-transit permit. File pages 1 within 72 hours ofter death.		18. CAUSE OF DEATH (Enter only one cause per line or la), (b) and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, Canditions, if any, which gave rise to immediate cause (o), stating the underlying cause lost. (c)		APPROXIMATE BETTHEN ONSET	INTERVAL
COR EXA Inte the rworm	CERTIFICATION	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?		20. AUTOPSY	
NOF VITAL RE JITY MEDICAL ITY, please exect et should be fo should be used val, and in only	MEDICAL CERTI	2) a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Doy, Year HOUR A.M. 19 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 3 or	2, Item 18.	YES [NO 📑
0 × 0	ME	21d. INJURY OCCURRED WHILE AT WORK 21e. PLACE OF INJURY (At hame, farm, street, factory, affice building, etc.) 21f. LOCATION Street at R.F.D. No. City at Tawn	Cou	unty	State
DIV TO DINY deloy is ne nerol director. your files. DIRECTOR: Po cremation, or		death resulted from Natural causes , Accident , Suicide , Hamicide , Undetermined mann CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER 22b. D. 22b. D. 22c. D. 22c. D. 22c. D.	er ATE SIGNER	PV	
ond 3 to the fu be retoined for TO FUNERAL prior to burioù	230.	EXAMINER'S NAME (Type) L. D. M.	(Coun	ity) (Si	tate)
VR A15ME (5) 8M·1/70	24.	FUNERAL DIRECTOR FUNERAL DIRECTOR W.W. CHAMBERS G., RIVERDAIE MD. DATE REMOVAL (Specify) LINKOIN (EMETERY BRENTWOOL Specify) ADDRESS 250. RECD. FINISTER 1086. REGISTER DATE	R'S SIGNAT	G1. M	M.

hard destroy dump with the grows to M

There thereof the want

Res Bleeve and a fille

the state of the s

URCH TON ,

UNKNOW.

The same of the sa

San Land

73 MRS. FREDA FRANKLIN ROPER MARIBORG.

	6	100	æ
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death retained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funkhould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.	IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other traumatic event, the medical examiner mist be natified meaning the problem of the medical examiner mist be natified meaning the medical examiner mist be notified meaning to the medical examiner mist be not the mist

BP. DHMH-16 30M 2/80 (VRA 15, 4)

1	#23c,d,per		.H. st	ATE OF MARYLAND		
1	FOR 5/30/82 ka STATE REGISTRAR	m		F HEALTH AND MENTAL H TIFICATE OF DEATH	YGIENE 8 2	1 4 2 1 8
	CEASED NAME FIRST M	ABEL	MIDDLE	LASTRAVATT	REG. NO.	DAY YEAR 2b HOUR
(TYP	EORPRINT MABLE		VMN"	AVATT	6 . 28 -	82 9:35A
3. SE	x	4. RACE		TE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	Female.	YYhi	Te DEC	C. 13, 188	7 94 YR	S
	IRTHPLACE (STATE OR FOREIGN COUNTRY) IEW Jersey			RIED NEVER MARRIED	Anne Arun	
	ITY OR TOWN OF DEATH	11. NAME OF		AE OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
1.71	en Burnie	North	Arundel Co	onv. Center	Analyst	Dept. of
13a.	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU	NTY	GIVE RESIDENCE BEFORE ADMISSING I SC. CITY OR TOWN 1 GlenBuri	134. INSIDE CITY LIMITS		
	ATHER'S NAME		r Grenburi	11 ers \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		venue, S.W.
	William	MIDDLE	Ravatt	Anna	MIDDLE	Bartleson
	WAS DECEASED EVER IN U.S. A	RMED FORCES?	166. SOCIAL SECURITY NO	D. 17 INFORMANT	ADDRESS S	ame as # 13
	YES NO OR UNKNOWN) (IF YES, G	N/A	143-03-279	Mrs. Flo	ossie H. Wrigh	t (FRIEND)
	18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one couse per ED BY:	tine for (a), (b), and (c).)	(n p n	0 4	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	4797 IMMEDIA	TE CAUSE (a)		COPD	4 respirator	y failure
113	Conditions, if any, which	DUE TO, O	R AS A CONSEQUENCE O	ASCUN	1 CHF	
	gave rise to immediate couse (a), stating the	(b)_	R AS A CONSEQUENCE O	0000	,	
	underlying cause last.	le)_	R AS A CONSEQUENCE O	arderios	clesoció	
Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TE	RMINAL DISEASE OF CONDITION	GIVEN IN PART 1(0)
CERTIFICATION	19a DATE OF OPERATION	19b COND	TION FOR WHICH OPERA	TION WAS PERFORMED	200 AUTOPSY? 20b IF	YES, WERE FINDINGS USED
TE					YES NO	RTIFYING CAUSES OF DEATH? YES NO
	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE	21b. TIME O	FINJURY M. MONTH DAY YE.	21c HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	R) P.		9		
MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (DE INJURY EET, FACTORY, OFFICE, FARM, ETC	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	220 I certify that (1) (this hasp	- A			0 to 6 28	, 19, that (I) (we) lost
	sow the deceased alive a abave (1) (we) (did) (did n	at) view the body	2 19 12 after death.		on death accurred on the date and	hour and from the causes stated
	77h SIGNATURE	111	20	DEGREE		22c. DATE SIGNED
	224 PHYSICIAN'S NAME (TYPE	ORPMINT	ant-	PHYSICIAN 226. ADDRESS	DIRECTOR PHYSICIAN	0 6006
	Musta	fr.	C. D.	un 60	5 BAA Blu	d Severna
	BURIAL, CREMATION, REMOVA		23r NAME O	FCEMETERY OR CREMATOR	23d LOCATION Neptu	ine. N.J.
	Buriah	JUI 3 JUI		riew Cemeter	y Atlantic H	ighlands N.J.
24 F	TNGLETON FIN	ERAT. HO	ME, GLEN BU		JUN 2 9 1982	a la
		DIWID IIC	TIL , GLIEN DC	TOTALE PLID .	0011 2 0 130L DIA	0

NORBERT LEON PAUL Reuter DEATH MATED 6 17 19 82		CEASED NAM	E FIRST		MIDDLE	EXAMIN	-11. 0 0.	AST	CATE	OF DEX	2a DA	TE KNO	REG. NO	-	OAY	YEAR
Male White May 15, 25 SAGE INVERSE IF UNDER 1 YE. FUNDER 24 HES. R. DATE PRONDUCED PRODUCTION PROPERTY PROPERTY PROPERTY PRODUCTION PRODUCTIO	(TY	PE OR PRINT)	NORBERT	LE	ON PA	UL	Reu	ter			O	F E	STI-	-	17	10 82
The Birthplace ishale on pose of the position of the positio				MONTH D	1.9 5. 25	LAST BIRTHD	AY) MONTHS			R 24 HRS.	PRONC	DUNCE	D	MONTH		YEAR
Luxembourg U.S.A. WIDOWED DIVORCED Anne Arundel II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 176 USUAL OCCUPATION 176 MONOSTOR WORKING LIFE 176 MONOSTOR WORKING LIFE LIFE LIFE LIFE LIFE LIFE LIFE LIFE							8	D D NE	VER MAR	RIED	9. BAL	TIMOR	E CITY C	OR COUN	ITY OF	
Glen Burnie North Arundel Hospital Manager Goodye USUAL RESIDENCE (# IN NURSING JONE OR CITHER RISTITUTION, GIVE RESIDENCE REFORE ADMISSION) 13a ESTATE MATYLAND MATHOR Arundel Arnold STATE MATYLAND MATHOR Arundel Arnold STATE MATYLAND MATHOR Arundel Arnold STATE MATYLAND MATHOR M	L	xembo					WIDOWE	D 🗆	DIVOR	CED 📉					-	
13. STATE 13. COUNTY 13. COUNTRIBUTING 13. COUN	G1	en Burn	ie /	North	Arund	lel Hos	pital	R INSTITU	TION	FOR	MOST OF	WORKING	ION (TYPE	E OF WORK	0	R INDUST
Paul Reuter Leonie Flammang No No No No No No No N	13a S	TATE	113b/COUNTY	1	113c CITY	Y OR TOWN	ON)	3d. INSIDE (NO [13e STR	EET AD	DRESS Gre	en1	eaf	Ci	rcle
Paul Reuter Leonie Flammang Max Deceased Ever in u.s. armed forces? 166. Social Security no. 17. Informant (Daughter) ADDRESS None None	14. F	ATHER'S NAME		MIDDLE		LAST		F	IRST	DEN NAME		MIDDL	E			LAST
NO N/A None Mrs. Irene F. Mixon #13 Reference of Death (Enter only one cause per line for (a), (b), and (c).) Acute barbiturate intoxication Between onse		ul				uter										ang
PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	()	ES, NO, OR UNKNO	OWN] (IF YES, GIVE WA	AR OR DATES			1		Ire	(Dau ene	ght.	er) Mix	on	Sa		
MAREDIATE CAUSE (a)		18 CAUSE C	FATH WAS CAUSED	ane cause per									17.1		BET	PPROXIMAT
Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21a EXTERNAL CAUSE WAS UNDERLYING TO OR WHICH OPERATION WAS PERFORMED? 21a EXTERNAL CAUSE WAS UNDERLYING TO OR WHICH OPERATION WAS PERFORMED? 21b TIME OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH P. P. M. 6/17/182 TINGSTEED TO ATMOSP 21b TIME OF DIVINITY OCCURRED (ENTERNATURE OF INJURY IN TIEM 18 PART 1 OR PART 2) LINGSTEED TO ATMOSP 21b TIME OF OF INJURY ATMOSP 21b TIME OF FINITERY (ATMOSP 21c TIME OF FINIT		C		CAUSE (a)				e int	oxic	ation						
gave rise to immediate cause (a) stating the under- lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21a EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH POUR A.M. MONTH, DAY YEAR CONTRIBUTING CAUSE OF DEATH POUR A.M. MONTH, DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 6/17/182 TINGESTED 21b INDERLYING AUTHORS 21b INCOMPRED 21b		Canditia	ins, if any, which	DUE TO,	OR AS A COI	NSEQUENCE (OF									
Solution Part 2 of the R significant conditions Contributing to death but not related to the terminal disease or condition given in part 1 id. Part 2 of the R significant conditions Contributing to death but not related to the terminal disease or condition given in part 1 id. Part 2 of the R significant conditions Contributing to death but not related to the terminal disease or condition given in part 1 id. 20		gave ri	se ta immediate		OP AS A COL					_						
190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS 210. TIME OF INJURY HOUR A.M. MONTH, DAY YEAR CONTRIBUTING OR CONTRIBUTING AUSE OF DEATH P.M. 6/17/182 211. TIME OF INJURY HOUR A.M. MONTH, DAY YEAR P.M. 6/17/182 212. TIME OF INJURY OCCURRED (ENTERNATURE OF INJURY IN TIEM 18 PART 1 OR PART 2) 213. TIME OF INJURY OCCURRED (ENTERNATURE OF INJURY IN TIEM 18 PART 1 OR PART 2) 214. INJURY OCCURRED 215. TIME OF OPERATION 216. PLACE OF INJURY (AT HOME OF INJURY OCCURRED (ENTERNATURE OF INJURY IN TIEM 18 PART 1 OR PART 2)							20									
JUNDERLYING OR CONTRIBUTING CAUSE OF DEATH ? P.M. 6/17/182 Ingested barbiturates			use last.	(4)	OK A3 A CO	NSEQUENCE (OF									
JUNDERLYING OR CONTRIBUTING CAUSE OF DEATH ? P.M. 6/17/182 Ingested barbiturates	2	lying cau		(c)_				OR CONDITIO	N GIVEN IN P	PART 1 (q).						
JUNDERLYING OR CONTRIBUTING CAUSE OF DEATH ? P.M. 6/17/182 Ingested barbiturates	ATION	PART 2 OTHER S	IGNIFICANT CONDITIONS CO	(c)	ATH BUT NOT REL	ATEO TO THE TERM	IINAL OISEASE			PART 1 (q).					20	AUTOPSY
JUNDERLYING OR CONTRIBUTING CAUSE OF DEATH ? P.M. 6/17/182 Ingested barbiturates	IFICATION	PART 2 OTHER S	IGNIFICANT CONDITIONS CO	(c)	ATH BUT NOT REL	ATEO TO THE TERM	IINAL OISEASE			PART 1 (a).						
216. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 210. PLACE OF INJURY (ATHOME. STREET, FACTORY, FARM, ETC.) MILE MOTEL 211. LOCATION Millersville Motel Mil	CERTIFICATION	PART 2 OTHER SI	FOPERATION	(c) ONTRIBUTING TO OE	ATH BUT NOT REL	ATEO TO THE TERM	ATION WA	S PERFOR	MED?		NATURE O	DF INJURY	IN ITEM 18	PART I OR P		
AT WORK AT WORK IX motel Millersville Motel Millersville A.A. (PART 2 OTHER SI 190. DATE OF 210. EXTERNAL UNDERLYING	E OPERATION AL CAUSE WAS OR NG CAUSE OF DE	(c) ONTRIBUTING TO DE	ATH BUT NOT REL. NOTION FOR E OF INJURY A.M. MONTH	ATEO TO THE TERM	ATION WA	S PERFOR	MED?	RED (ENTER			IN ITEM 18	PART I OR F		
		Jying could be a series of the	FOPERATION AL CAUSE WAS SOLO OF DECOMPTED	19b. CON 19b. CON 21b. TIME HOUR 2 21e. PLAC STREET,	ATH BUT NOT REL NOTION FOR E OF INJURY A.M. MONTH P.M. O/ FACIORY, FARM, I	WHICH OPER 1 DAY YEAR 17/182	ATION WA	S PERFOR	occurr	RED (ENTER	ate	5			PART 2)	YES 🗆
		PART 2 OTHER SI 190. DATE OF 210. EXTERNA UNDERLYING CONTRIBUTI 210. INJURY C WHILE AT WORK	FOPERATION AL CAUSE WAS SOLO OF DECOMPTED	19b. CON 21b TIME HOUR 21c PLA STREET	ATH BUT NOT REL NOTION FOR E OF INJURY A.M. MONTH P.M. 6/ CE OF INJURY FACTORY, FARM, I	WHICH OPER TOTAL YEAR TOTAL	ATION WA	s PERFOR w INJURY ested ATION	occurr	RED (ENTER hitur	ate	s Mil	llers		OUNTY A	YES 🗆
death resulted fram Patural cases Accident A., Suicide & Hamicide Undetermined manner		Iying course of PART 2 OTHER SI 190. DATE OF 210. EXTERNAL UNDERLYING CONTRIBUTI 21d. INJURY CONTRIBUTE 270. I certification of the Contribution of the Contributio	E OPERATION AL CAUSE WAS S OR NG CAUSE OF DE CCURRED NOT WHILE AT WORK	19b. CON 19b. CON 21b. TIME HOUR. 21e. PLAC STREET, MOOT	ATH BUT NOT REL NOTION FOR E OF INJURY A.M. MONTH P.M. O/ CE OF INJURY FACTORY, FARM, I	WHICH OPER DAY YEAR 17/182 Y (ATHOME, etc.)	ATION WA 216 HO Ing 216 LOC M1	w INJURY ested	occurr bar vill	RED (ENTER hitur e Mot	el Inqu	s Mil	llers	svil.	OUNTY A	YES 🗆
ACTUAL TITLE (SPECIFY)		PART 2 OTHER SI 19a. DATE OF 21a. EXTERNA UNDERLYING CONTRIBUTI 21d. INJURY C WHILE AT WORK 22a. Leerti death result	E OPERATION AL CAUSE WAS S OR NG CAUSE OF DE CCURRED NOT WHILE AT WORK	19b. CON 19b. CON 21b. TIME HOUR. 21e. PLAC STREET, MOOT	ATH BUT NOT REL NOTION FOR E OF INJURY A.M. MONTH P.M. O/ CE OF INJURY FACTORY, FARM, I	WHICH OPER DAY YEAR 17/182 Y (ATHOME, etc.)	ATION WA 216 HO Ing 216 LOC M1	S PERFOR W INJURY ested ATION Homic TITLE (S	occurre bar svill Inspectoride PECIFY)	RED (ENTER hitur e Mot	el e	R town Mil	llers	svil	OUNTY A	YES .A. (
ACTUAL SIGNATURE LOWING M.D. Deputy MEDICAL EXAMINER SIGNED 6/18		PART 2 OTHER SI 19a. DATE OF 21a. EXTERNA UNDERLYING CONTRIBUTI 21d. INJURY C WHILE AT WORK 22a. Leerti death result	GMIFICANT CONDITIONS CO	19b. CON 19b. CON 21b TIME HOUR 19b. CON 21c TIME HOUR 19c TIME 19c TI	ATH BUT NOT REL NDITION FOR E OF INJURY A.M. MONTH FACTORY, FARM, I described above Accident	WHICH OPER DAY YEAR 1.7/192 Y (ATHOME. ETC.)	ATION WA 216 HO Ing 216 LOC M1	S PERFOR W INJURY ested ATION Homic TITLE (S	occurre bar svill Inspectoride PECIFY)	RED (ENTER hitur e Mot	el e	R town Mil	llers	SVil.	OUNTY A	YES .A. (
ACTUAL SIGNATURE LLOW J M.D. Deputy MEDICAL EXAMINER SIGNED 6/18 EXAMINER'S NAME Thomas D. Smith, M.D. 111 Penn St., Baltimore, Md 212	MEDICAL	PART 2 OTHER SI 190. DATE OF 210. EXTERNA UNDERLYING CONTRIBUTI 21d. INJURY C WHILE AT WORK 220. I certi death result ACTUAL SIGNATURE EXAMINER'S	FOPERATION AL CAUSE WAS S OR NG CAUSE OF DE DOCCURRED NOT WHILE AT WORK If that I tack charge red from Ratural	19b. CON 19b. CON 21b TIME HOUR 21c PLA STREET MOT	ATH BUT NOT REL NDITION FOR E OF INJURY A.M. MONTH P.M. CE OF INJURY FACTORY, FARM. described about mith,	WHICH OPER 1. DAY YEAR 1.7/182 Y (AT HOME. ETC.) A. D	ATION WA 21c HO Ing 21f LOC ST Autopsy icide & ,	S PERFOR W INJURY ested ATION EFF Hamie THILE (S) De	occurre bar vill Inspective Decory puty	hitur e Mot under	el e	R LOWN MI	llers	DATE SIGN	ounty A	.A. (
ACTUAL SIGNATURE M.D. Deputy MEDICAL EXAMINER SIGNED 6/18 EXAMINER'S NAME Thomas D. Smith, M.D. ADDRESS 111 Penn St., Baltimore, Md 212 1336 BURIAL CREMATION. REMOVAL 235 DATE 22 1236 NAME OF CEMETERY OF CREMATORY 1234 LOCATION	MEDICAL	PART 2 OTHER SI 190. DATE OF 210. EXTERNA UNDERLYING CONTRIBUTI 21d. INJURY C WHILE AT WORK 220. I certi death result ACTUAL SIGNATURE EXAMINER'S	FOPERATION AL CAUSE WAS S OR NG CAUSE OF DE DOCCURRED NOT WHILE AT WORK If that I tack charge red from Ratural	19b. CON 19b. CON 21b TIME HOUR 21c PLA STREET MOT	ATH BUT NOT REL NDITION FOR E OF INJURY A.M. MONTH P.M. CE OF INJURY FACIORY, FARM, 10 described about the control of the c	WHICH OPER 1 DAY YEAR 17/ 18/2 17 (ATHOME. 18 OVE, held an 18 M.D.	Autopsylicide	w INJURY ested ation Hamie TITLE (S) De	OCCURR bar vill Inspector pec(FY) puty	RED (ENTER hiture hiture) e Mot Under	equivolermined	R TOWN MI	llers . on er	DATE SIGN	OUNTY A Printer	.A. (6/18d 212
ACTUAL SIGNATURE M.D. Deputy MEDICAL EXAMINER SIGNED 6/18 EXAMINER'S NAME Thomas D. Smith, M.D. ADDRESS. 111 Penn St., Baltimore, Md 212	WEDICAL	Iying course of PART 2 OTHER SI 19a. DATE OF 21a. EXTERNA UNDERLYING CONTRIBUTI 21d. INJURY CO WHILE AT WORK 22a. I certi death result ACTUAL SIGNATURE. EXAMINER'S (TYPE OR PRI URIAL, CREMA PECIFY) CIPMA	AL CAUSE WAS AL CAUSE WAS BY OR NG CAUSE OF DE CCURRED NOT WHILE AT WORK If that I tack charge red from Retural NAME Thomas NTION, REMOVAL 235 TION, REMOVAL 235	19b. CON 19b. CON 21b. TIME HOUR 21c. PLAY STREET, MOT 25c. D. S 25c. D. S 25c. D. S	ATH BUT NOT REL NOTITION FOR E OF INJURY A.M. MONTH P.M. described above Accident Mith, 236 0, 236	WHICH OPER 1 DAY YEAR 17/ 18/2 17 (ATHOME. 18 OVE, held an 18 M.D.	Autopsylicide	SPERFOR WINJURY ested ATION ELLERS TITLE (S De DDRESS_ CREMATO OCCS	occurre bar svill Inspection of the puty lill	hitur e Mot under MED MED 134 CCC 174 CCCC 175 CCCCC 175 CCCC 175 CCCCC 175 CCCC 175 CC	Inquermined	AMINE	llers	DATE SIGN	OUNTY A	.A. (6/18d 212

. . Vicinity and the latter of the

	1	FOR STATE REGISTRAR				MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG		4 2	2 _{EDT}
30		CEASED NAME E OR PRINT)	FIRST	M	T		IIIA DDCON	2a DATE OF DEATH		YEAR	26 HOUR
	3. SE			RACE White	L.	S. DATE C	CHARDSON OF BIRTH 1.9°, 1.90°8°	JUNE 18, 6 AGE (IN YEARS LAST 73	(BIRTHDAY)	UNDER I YEAR	6:45PM IF UNDER 24 HRS HOURS MIN.
ma 72	7a B	RTHPLACE (STATE OR F	OREIGN 7	b. CITIZEN OF V	VHAT COUNTRY?	8	NEVER MARRIED	BALTIMORE CITY ANNE AR			MD.
by the fu	10 C	LEN BURNIE	TH 1	NORTH	ARUNDEL	HOSPI	TAL	12ª USUAL OCCUP	ATION STOF WORKING (IFE)	126. KIND OF INDUSTRY Arbit	BUSINESS OR
filled in nould be	13a	AL RESIDENCE (# NURS STATE Md	136 COUNT		Annapol		134 INSIDE CITY LIMITS?	13. 1STREET ADDRESS	ilford I	Road	
completely is 1 and 2 sho	14 F.	ATHER'S NAME FIRST FT	ank "	IDDLE M	ille# st		15 MOTHER'S MAIDEN NAM	ME Ines MIDDLE	Marlow	J LAST	
Poges 1		WAS DECEASED EVER YES NO OR UNKNOWN)		MED FORCES? WAR OR DATES)	21.6 07		17 INFORMANT Emmett Richa		e as abov	re .	
dd by the ottending physical section of the ottending physical cremotion, or removal or other troumatic event, the		Conditions, if ony, gave rise to imm cause (a, statim underlying cause	which nediate g the last	DUE TO, OR (b) DUE TO, OR (c)	AS A CONSEQUE	NCE OF		fas-la Bal 8	2 Br	1	•
hos been signing permit. Then prior to but was only injury,	CERTIFICATION	19a DATE OF OPERAT				7	NOT RELATED TO THE TERM N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, V	VERE FINDING	GS USED OF DEATH?
rding physicions is certificate buriol-transit Mental Hygie or Item 18 sho	MEDICAL CERT	218. ACCIDENT WAS UND OR CONTRIBUTING CO (IF EITHER NOTIFY MEDIC 21d INJURY OCCURR	AUSE OF DEATH	P.M 21e. PLACE C	A. MONTH DA	19	21c HOW INJURY OCCURR	RED (ENTER NATURE OF II	NJURY IN ITEM 18 PART	I OR PART 2)	NO []
I or after thuse os the use os the dealth and is morked	W	WHILE NOT WH AT WOR 220.1 certify that (1)	k 🗀		deceased from	ARM ETC 1	STREET , 19.8.2	_ 10_6/	/8 . 19	SZ, 1	STATE hat (I) (we) last
by the hospita LERAL DIRECTO Se detached for State Dept. of I ANT: If hem 21		sow the decease above, (I) (we) (d 22b. SIGNATURE	lid) (did not)		ifter death		d that in (my) (our) apinion of the property o	4-,	TAFF	ME DATES	
should be with the S		DALJIT S	. SAWI	NEY, M.			205 BALTIMOR GLEN BURNIE,		IS BLVD.		
BP	230 1	BURIAL CREMATION,	REMOVAL	June 2		Vy Hi	Cemetery 11	Laurel Laurel	, Md	OUNTY	STATE

DHMH - 16 50M 1/81 (VRA 15, 4) 24 FUNERAL DIRECTOR
NAME Donaldson Funeral Home; Laurel, Md

250 DATERECD BY BEGISTAAR 250 REGISTRAR SIGNATURE Authen

The section will necessary allocumworks ment Tel. todatal grown gray and the telephone that the orale on Program to a second to the contract of the contract o

Arehart Funeral Home, Inc. La Plata, Md.

(VR A 15 (41)

	-388E , 3 and	sampol as	min) 9107	tall.
		Sept. 9. Jest	.uell	n cmale
	inne Grundel			Taket.
	Tolemanok 900	r Convelencent H	Plezz Marc	Slan Burnle
	college trobles			D
PE XOE	March 19 19 19 19 19 19 19 19 19 19 19 19 19	elten affirmati namassalidu (. o	1501 1501	James event
	×			

· M. M. L.

FOR

REGISTRAR

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CERTIFICATE OF DEATH REG. NO MONTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS BALTIMORE CITY OR COUNTY OF DEATH 176 KIND OF BUSINESS OR LAST Annapolis In APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

COUNTY

and that in (my) (aum) opinion death accurred an the date and hour and fram the causes stated

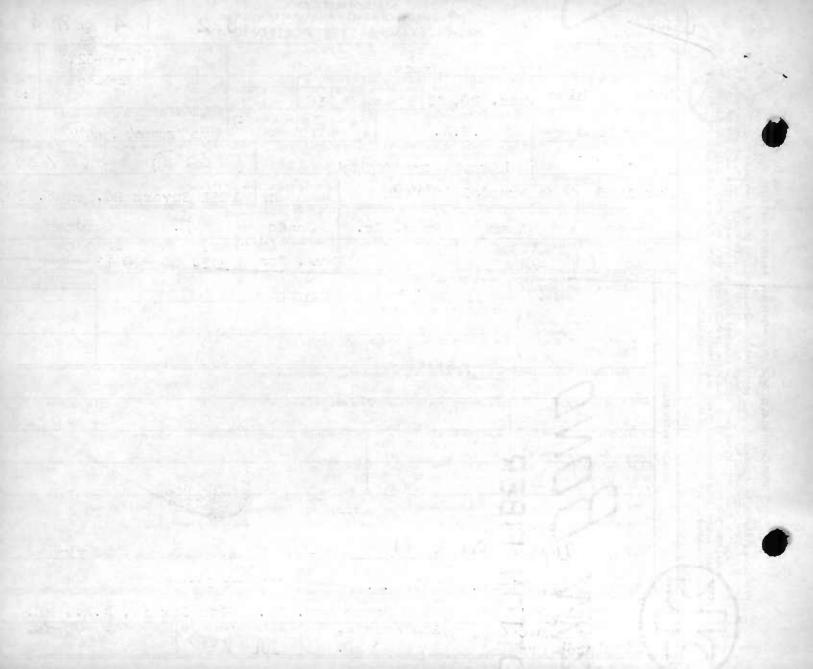
THE DATE SIGNED

DHMH - 16 50M 1/81 (VRA 15, 4)

I consule the Pol Leiping Tool with the selection of the KY LINE ALL ALL AND YEAR OF THE AND A STATE OF THE ADDRESS OF THE and retions not received to reserve the little state. MD 1 9 Broadelie X 18 Date Dave NO CHARLES AND ASTRACT RESERVED ON die House His Intellige ist

20M 4/82

STATE OF MARYLAND



moy be

1	FOR - STATE REGISTRAR	DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYO FICATE OF DEATH	GIENE 8 2 REG, NO.	4224
	CEASED NAME FIRST PE OR PRINT) May	E Sam	iuels		25-82 9P M
	Female	Black 83	S 15 93 ED NEVER MARRIED	6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER I YEAR BUNDER 24 HRS.
Al	NNAPOLIS	1. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACULTY CIVE STREET ADDRESS)		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	12b. KIND OF BUSINESS OR
130. M.	ARYLAN D	Y 134 CITY OR TOWN.	134 INSIDE CITY LIMITS?	13-25 W. Washing to	n St.
14 F.	GEORGE "	RAWLINGS	15. MOTHER'S MAIDEN NA ALVERTA	ME MIDDLE	JONES
160 \	WAS DECEASED EVER IN U.S. ARM	NED FORCES? 166. SOCIAL SECURITY NO. 217-14-5811	VICTORIA PA	ADDRESS RKER 217 Bowle Av	e. Annapolis, M
	Canditions, if ony, which gave rise to immediate couse ia, stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF (b) OVALL DUE TO, OR AS A CONSEQUENCE OF (c)	N TU	2UCTOIN MOR	BETWEEN ONSET AND DEATH DAYS YUS
AL CERTIFICATION	PART 2 OTHER SIGNIFICANT CO	196 CONDITION FOR WHICH OPERATION 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	ON WAS PERFORMED	20a AUTOPSY? 20b. IF YES,	WERE FINDINGS USED VING CAUSES OF DEATH?
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	P.M. 19 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE

270.1 certify that (1) his haspital) attended the deceased from sow the deceased alive an 19_abave, (1) (we) (did) (did not) view the body after death.

and that in thy

22e ADDRESS

DEGREE

22b. SIGNATURE

ATTENDING PHYSICIAN

MEDICAL STAFF
DIRECTOR PHYSICIAN

(aur) apinion death accurred on the date and hour and from the causes stated

22c. DATE SIGNED

23b. DATE 6-30-1982

230 BURIAL, CREMATION, REMOVAL

BURTAL

NAME OF CEMETERY OR CREMATORY FOWLERS CHURCH CEME.

Annapolis

A.A.

Maryland

DHMH - 16 50M 1/81

BP.

REESE & SONS MORTUARY P.A. 24 FUNERAL DIRECTOR

250. DATE REC'D. BY REGISTRAR 250 REGISTRARS

(VRA 15, 4)

shows ony

MPORTANT: If Item 21 is morked or Item 18

96128-82-30	Samuely	3	Man
	1 83 15 85	12005	Family
			Carry Name
	Marian States		
A mornishmum (X			17 3.12 h
		in Small	
A STREET, LOVE CANAL STREET,		- k_ '.	0.1
0/21/5			-
		I'M Thomas	

100	1	FOR Fil	mG588	2/6/8	4 ka	ST MERAPTMENT O	ATE OF	MARYLAND H AND MENTAL H	IVCIENE				
北西西方	1-	STATE REGISTRAR		2/0/0		DICAL EXAMI		CERTIFICATE	1	1 2 REG	NO.	12	2 6
26 國際)		CEASED NAM	E FIR	John		MIDDLE		"Segledi	1 20.	DATE KNOWN		CIAY	YEAR 26 HOUR
S SERVE			20	HN			5.	egleo	11 0	OF ESTI-	26	6 19	82 Am
377.52	3. SE		4. RACE	MONTH	OF BIRTH	YEAR LAST BIRT	YEARS IF UI			DATE	MONTH	DAY	YEAR 2d. HOUR
AARY, P. VOUR YON 52 H		RTHPLACE (S	White			22,1917 6	5. S.			DEAD	6	6 19,	
SSE 25 25	F	ennsyl	vania	1000	J.S.A		MARR WIDOV	IED NEVER MARR	ED .	ALTIMORE CIT	Macun	1 OF DEA	IH.
AY IS NOTHER AGE 5		ITY OR TOWN			E OF HOS	PITAL, NURSING HO	ME, OR OTH		120 USUAL	OCCUPATION	TYPE OF WORK	12h KIND	MD. OF BUSINESS
- O a u x	9	ka Bo	RNIE	No	Rth	FILITY, GIVE STREET ACCORES	61. K	losp, Fol	Disi	of working life)		Truck	ing Co.
AND 3 RETAIN HOULD PECORI	13a, S	AL RESIDENCE TATE d.	13b. C	OME OR OTHER INS		13c. CITY OR TOWN Millersv		13d. INSIDE CITY LIMITS Y	13. STREET 120	ADDRESS North F	oute 3		
A T NS	14. F.	ATHER'S NAM		WICIGLE		LAST		15. MOTHER'S MAIDE	NNAME	WIDGLE		LAST	
	2	Mic	nael	A PER S		Segledi		Susar	1	46.33	Csew	le	
BALTIMORE, URS AFTER DE B. GIVE PAGES PAGES I RA DIVISION OR	16a. \	Yes Decease es, no, or unkno Yes	D EVER IN U.S	ARMED FORCE	ES?	166. SOCIAL SECUR 158 10 30		Elizabeth	Molna	r (Sist	. 410		idge furnpike
L RECORDS, 301 W. PRESTON ST., B ULD BE EXECUTED WITHIN 24 HOUF "PENDING" IN PENCIL IN ITEM 18. FE MEDICAL EXAMINER ALONG W SED AS A BURIAL TRANSIT PERMIT. I HEATH AND MENIAL HYGIENE, D CREMATION, OR REMOVAL.	NOI	Candition gave ricause (a lying car	ns, if any, we see to immed stating the unuse last.	ediate Cause Du diate ader Du Tions Contribution	(b)		E OF RMINAL DISEAS	E OR CONDITION GIVEN IN PAI	Kulmi	oney	Keren	+ p	ANALY EMISTRAL CHIST AND SAIN
▼ Solippi	CERTIFICATION	19a. DATE OF	OPERATION	191	b. CONDIT	TION FOR WHICH OP	RATION W	AS PERFORMED?				20 AUTO	
OF VITAL ATE SHOU THE CHIE THE CHIE TO BE US AENT OF BUS AENT OF	CERT		AL CAUSE WA	-	b. TIME OF		21c. He	OW INJURY OCCURRE	D (ENTER NATU	RE OF INJURY IN ITEM	18 PART 1 OR PAI	YES RT 2)	L NO N
ON ON THE THE TOTAL	CAL	UNDERLYING CONTRIBUTI	OR OR	OF DEATH	P.M		AR						
DIVISION OF VIT BE: THIS CERTIFICATE SH ATE, WRITING THE WOR ORWARDED TO THE R. PAGE 3 SHOULD E E. STATE DEPARTMENT OF 7, 21201 PRIOR TO BURIA	MEDICAL	21d. INJURY O WHILE AT WORK	NOT WHILE AT WORK	210	e PLACE C STREET, FACT	OF INJURY (AT HOME. ORY, FARM, ETC.)		CATION	СП	YORTOWN	COL	YINL	STATE
TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTMORE, MARYLAND, 217	-	22a. I certi death result ACTUAL SIGNATUR		charge at the re Yatural causes		cribed abave, held an	Autop	Inspection	Undetermi	nquiry , , , , , , , , , , , , , , , , , , ,	and in my ap], DATE SIGNE	, ,	.52
MEDIC ECUTE GE 4 8 GE 4 9 FUNEI TER DE		EXAMINER'S (TYPE OR PRI	NAME /	Lin	Har	COT		ADDRESS	rope.	6, 7	nd-		
	23a.B	URIAL, CREMA	TION,REMOV		11	23c NAME OF C		R CREMATORY Monumental	Ad LOCAT CITY OR TO East	Bruns	ick coun	lew Je	STATE
BP	10	IMERAL DIDE	TOR	2	/	1	0		REC'D. BY REC		GISTRAR'S S		
(VR A15 ME (5)) 15M 7/77	1913	zdzins	of Done	tal Hop	no PA	1407 01d	Easte	rn Ave.JUN	1119	2 Than	1	my hard	Alle
//			7	10									

4 4 5 2 7 5 m				
Fire A A THE		£. 400.00 m		lale Tal
Address Agent of				Pennsylvan
te stehen fürseklag G				
The Count street of		allevis alle		
	mostic .	instance.		ino. C
	in delate.	1880001821	100	307

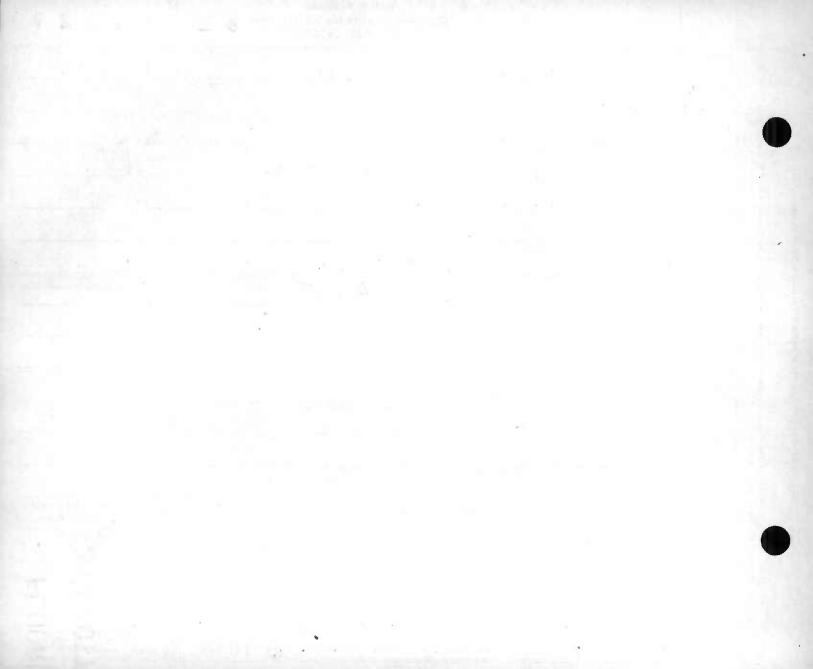
1/				STATE OF MARYLAND		
2	T	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2	4227
	1 DE	CEASED NAME FIRST	MIDDLE	LAST	REG. NO. 20. DATE OF DEATH MONTH DA	EDT
	(1Ab	E OR PRINT)		CHPHAND		Ta HOOK
	3 SE	X	4 RACE	SHEHANE 5 DATE OF BIRTH	JUNE 23, 1982 6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER LYEAR IF UNDER 24 HRS
	4	Fomalo	White	MONTH DAY YEAR	70 400	ONTHE DATE HOURS MIN
71	7a B	RTHPLACE (S ATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	April 23, 1904	9 BALTIMORE CITY OR COUNTY C	OF DEATH
1120	Ge	idsden, S.C.	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	ANNE ARUNDEL C	OUNTY M
7/1	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126 KIND OF BUSINESS O
7		GLEN BURNIE		DEL HOSPITAL	Housevile	INDUSTRY
Dr	USU	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION GIVE RESIDENCE BEFO	DRE ADMISSION)		
2	Mc	ingland A.A	Pasader	YES NO NO	3708 Mountain Ra	l. Pasadena, Md.
n	14. F/	ATHER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MAIDEN N	AME	
XU		Lucius	Marion Nobe	lett Gussie		Gnau
1	16a \	VAS DECEASED EVER IN U.S. AR/	MED FORCES? 166 SOCIAL SEC		ADDRESS	
/		No	243-05-3	1952 Mr. Arthur W	.Shehane.Same as a	ibove
		18 CAUSE OF DEATH Enter on PART I. DEATH WAS CAUSED	ly one couse per in tar (a), (b), o	indic 7	^	APPROXIMATE SITEWAL MATTER ORDEY AND DEATH
		IMMEDIAT		WALL ODSUMA	lith	Hom
		4100	DUE TO, AS A CONSEC	UENCE OF	1.	615 5
		Conditions, if any, which gave rise to immediate	(16) TENR	my flawful so	AND TUS	0,10,00
		couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQU	JEN DE OF		
			(c)			
	NO	PART 2 OTHER SIGNIFICANT C	CONDITIONS <u>CONTRIBUTING TO</u>	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIVEN	VIN PART 110
a	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY? 20b IF YES, N	WERE FINDINGS USED
1	TIF				YES NOT YES	NG CAUSES OF DEATH?
0	CER	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH I	21c. HOW INJURY OCCUI	RRED (ENTER NATURE OF INJURY IN ITEM 18 PAR	
7	CAL	OR CONTRIBUTING CAUSE OF DEA		JAT TEAK		
8	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	21f. LOCATION	CITY OR TOWN	COUNTY STATE
	>	AT WORK NOT WHILE AT WORK	(AT HOME, SINCE I, PACTORY, OFFICE	FARM ETC.)	(-)>	COOMIT
			of attended the deceased from	6 10 , 19 6		that (i) (we) las
	1	sow the deceased alive on	wew the body after death.	, and that in (my) (our) apinion	death occurred on the date and hour o	and from the couses stated
		224 SIGNATURE	10/19	DEGREE	1	22c DATE SIGNED
		HARITS	BUNKO	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	6-23-45
		22d Aborsician's Hard	EPRINT)	22e ADDRESS 325	HOSPITAL DRIVE, #	208
1		HILARY T. O	'HERLIHY, W.D.	GLE	N BURNIE, MARYLAND	
	23a F	URIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION	
		Burial	h	Len Haven Mem. Parl	& Glen Burnie, A. A	1. O. Maruland
	24 FI	INIERAL DIRECTOR		111d 377 7 Dr		
	1/0	ucty runeral Ho	me, 11t. a lickned	ck Rds, Pasadena JU	N 24 1982 Zhan	You Warthen
	_				一日 も 1つつて 「いいきょんから」	marked landitana

ordered to the contract of the state of the Constitution of the Consti Alteria ou sour court . The state of Self-Culture with the state of trement to the second of the s

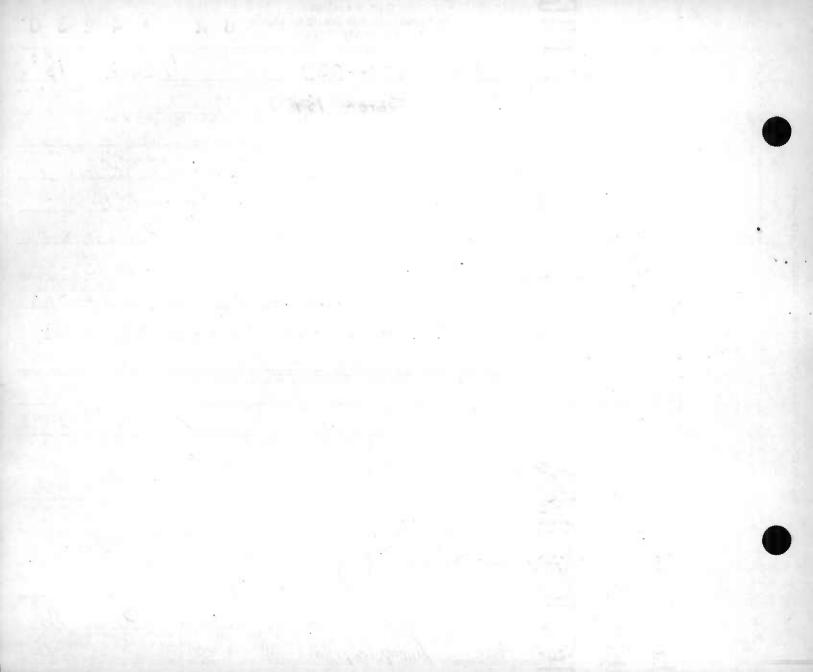
- lı.	FOR STATE		D	STA EPARTMENT OF	TE OF MARY HEALTH AND		GIENE O		1 2 2	8
1. DI	REGISTRAR ECEASED NAME (PE OR PRINT)	FIRST		MIDDLE	ER'S CERT	IFICATE OF	20 DATE K	REG. NO.	NTH DAY YE	AR 26 HOU
3. SE	X 4		DATE OF BIRTH	VEAR LAST BIRTHD	AY) MONTHS DA		DEATH /	MATED MON	1 .1	EAR 2d HOU
7a. B	BIRTHPLACE (STATE OREIGN COUNTRY)		CITIZEN OF WH	AT COUNTRY?	2	NEVER MARRIEI	9. BALTIMO		UNTY OF DEAT	H
14	UND DOL	15	WNE INSUCHEAC	ITAL, NURSING HOME ILITY, GIVE STREET ADDRESS)	/ Gene	KEL	FOR MOST OF WORKS Labor		ORK 17b. KIND O OR IND	F BUSINESS USTRY
13a V	aryland	Anne Ar		RESIDENCE BEFORE ADMISSIN 13c. CITY OR TOWN Annapolis	13d. IN	SIDE CITY LIMITS?	1871 BOW	an Cour	t	
	John	S.	IDDLE	Smith		Tida	NAME		Gross	
	WAS DECEASED E YES, NO, OR UNKNOWN	VER IN U.S. ARMED	FORCES? OR DATES)	318-14-33		Smith	1871 Bowma	address an Ct. A	nnapolis	, MD
NOI	lying cause		(c)	AS A CONSEQUENCE (IDITION GIVEN IN PART	1 (a)			
CERTIFICATION	19a. DATE OF OI		19b. CONDITI	ON FOR WHICH OPER	ATION WAS PER	RFORMED?			20 AUTO	
		OR CAUSE OF DEA	TH P.M.	MONTH DAY YEAR			LENTER NATURE OF INJUI	Y IN ITEM 18 PART 1 C	DR PART 2)	
MEDICAL	21d. INJURY OCC WHILE AT WORK			FINJURY (AT HOME, DRY, FARM, ETC.)	211. LOCATION	N	CITY OR TOWN	1	COUNTY	STATE
	220. 1 certify to death resulted ACTUAL SIGNATU	ME C		ribed abave, held an Accident , Sui		Inspection famicide	Undetermined man	ner .	y opinian	~~
23 o. E		N,REMOVAL 23b. E		32 St. Edmo	AETERY OR CREA	MATORY	234 OCATION Chesapeal	00	0//	: MD
	encer E.		ox 31 DREPT	ince Fred.	MD20678	3 25q. BATE RE	CD. BY REGISTRAR	231/REGISTRAF	S SIGNATURE	Market Comment of the

2 10 30 59 Constitution of the second of the second tager waster the colonian follows out that a all the state of the following out. (c, 'Sarata, Managarana Chr. Com Cobesepenim Lordon Calvert and Trouble . sendi or Trouble, EELS

STATE OF MARYLAND



STATE OF MARYLAND



CSA = CSA PAGE ARABELL PHILAPPICES APPRE HERRICE GENERAL CET LEVELON TO ARE AMERICAN STORY a vie my send of my factions a Ascerba Control of Albert Chensin Charmes diving The Fellows District CHAINS STOCKE LACE 1/9 Arres George States States Letter

1.0	FOR STATE REGISTRAR CEASED NAME	FIRST	DEPARTMENT OF HEAL' EDICAL EXAMINER'S		DEATH REG. NO.	236
	PE OR PRINT			C. I.	OF ESTI-	DAY YEAR 25 HOUR
3. SE	X I4 RAC	James E	Ecward	Stead UNDER TYR. IF UNDER 24	DEATH MATED \$ 5	15 19 82 M
	male whi	ite Aug 24	1949 32 YRS.	INTHS DAYS HOURS M	PRONOUNCED DEAD 5	15 , 82 8:40
F	IRTHPLACE (STATE OR DREIGN COUNTRY)	U.S.A		RRIED NEVER MARRIED		
	ITY OR TOWN OF DEA	TH 11. NAME OF HO	OSPITAL, NURSING HOME, OR O		O USUAL OCCUPATION (TYPE OF WORK	126. KIND OF BUSINESS
	Annapolis	Anne	Arundel General	Hospital	Housing Mngr.	Dept. Army
13e. S	ary land	RSING HOME OR OTHER INSTITUTION. PLY COUNTY P. G.	13c. CITY OR TOWN Bow ie	13d. INSIDE CITY LIMITS? T3	12508 Made ley	Lane
14. F	ATHER'S NAME Le lanc	Newmar		15. MOTHER'S MAIDEN I	hy Hes	S S e
) 160.	WAS DECEASED EVER (ES, NO, OR UNKNOWN)	IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	166. SOCIAL SECURITY NO. 225-66-3707	Patricia	ABowie, Stead, 12508 Mac	Md. deley La.
N	Canditians, if c gave rise to couse (a) stating lying cause lost.	IMMEDIATE CAUSE (a) DUE TO, C DUE TO, C (c)	THE BUT NOT RELATED TO THE TERMINAL DIST		(e).	BETWEEN ONSET AND DEATH
CERTIFICATION	190. DATE OF OPERA	ATION 196 CONE	DITION FOR WHICH OPERATION	WAS PERFORMED?		20 AUTOPSY? YES NO
MEDICAL CERT	216. EXTERNAL CAUSE UNDERLYING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION COURT	OR HOUR A	M. 5/15 19 8211		enter Nature of INJURY IN ITEM 18 PART 1 OF P. Dile exhaust fumes	
	WHILE NOT	WHILE STREET, F	actory, farm, etc.) ant Lot St	STREET		AA CO. MD
ME	AT WORK AT W					
MEG	AT WOME	I taak charge of the remains d	lescribed above, held an Aut	apsy XX Inspection [☐. Inquiry ☐, and in my a	pinian
MEI	22a. I certify that					5/16/82
WEI	220. I certify that death resulted from	Natural couses .		Hamicide TiTLE (SPECIFY) M.D.A.SSISTANT	Undetermined manner ,	5/16/82
2	220. I certify that death resulted from ACTUAL SIGNATURE	Natural couses Varua Za Virginia EMOVAL 23b. DATE	Accident , Suicide X	M.D.ASSISTANT ADDRESS 111 F	Undetermined manner _MEDICAL EXAMINER SIGN Penn Street, Balto.	5/16/82 MD 21201

SE 2401 ME and

Housing Mngr. Itent. Atmy

12508 Maceley Line

Lelind Newman Stess Torothy

Sowie, Mc

225-66-3707 P tricin Stead, 12508 M colev Lu.

178782 Ft. Lincoln Cemetery Brentwoor, Manyal Dr

Diwo 0

- 5111413

3.9 - an 143.3

MIDDLE

ANNE ARUNDEL 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR ITYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY STEELE GULF 509 ARUNDEL BOULEVARD 21032 CUTLIP ADDRESS 21227 JAMES R. STEELE 2923 HOLLINS FERRY ROAD APPROXIMATE INTERVAL 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY ond that in (my) (and opinion death occurred on the date and hour and from the couses stated 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN BURIAL 07-02-82 GLEN HAVEN MEM. PARK GLEN BURNIE A.A. MARYLAND 24 FUNERAL DIRECTOR REGISTRAR 256 REGISTRAR'S SIGNATURE 21229 HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

- STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

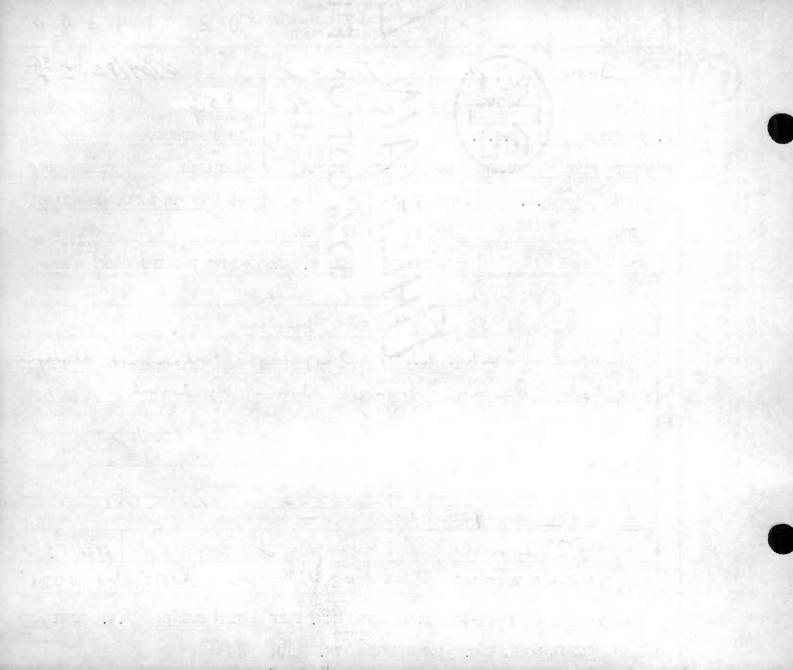
STATE OF MARYLAND

REG. NO

IF UNDER LYEAR

YRS

DHMH - 16 50M 1/81 (VRA 15, 4)



Item 13e per*Phone cn

- STATE 7-

DHMH - 16 50M 1/81 (VRA 15, 4)

REGISTRAR

INDUSTRY 733 N. KENWOOD PETR ADDRESS MARIE KRALL 1307 SCHEELER AVE. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO I YES 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE 52, and that in (my) (aut) opinion death accurred on the date and hour and from the causes stated 221. DATE SIGNED PHYSICIAN SHOPPING COUNTY MD ATE 6/26/82 -24 FUNERAL DIRPOTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG NO

2b HOUR

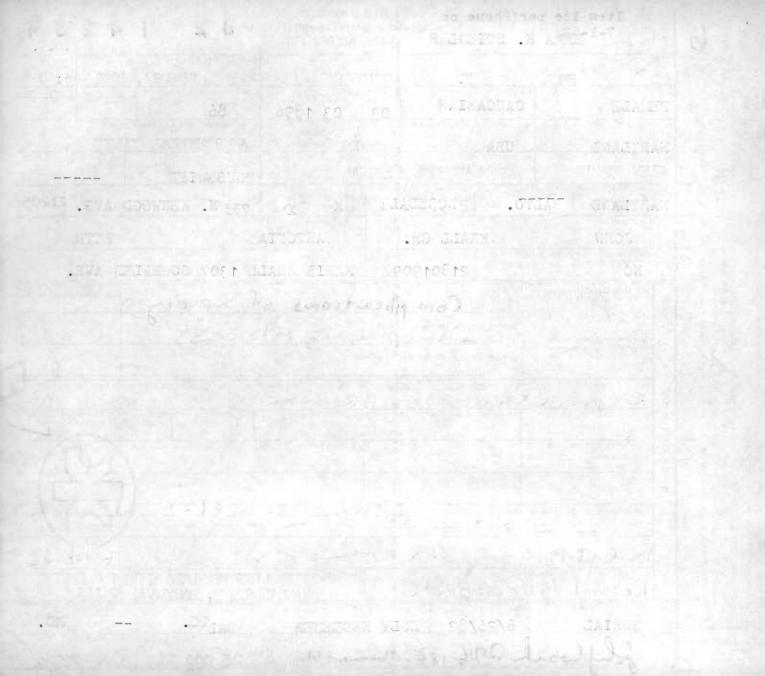
HOURS

126 KIND OF BUSINESS OR

IF UNDER 24 HR

1982

IF UNDER LYEAR



1 - STATE

74 FUNERAL DIRECTOR

Singleton Funeral Home, Glen Burnie, MD

DHMH - 16 50M 1/81 (VRA 15, 4) STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE \$

The state of the s ALL CHANGE TO STATE OF THE STAT

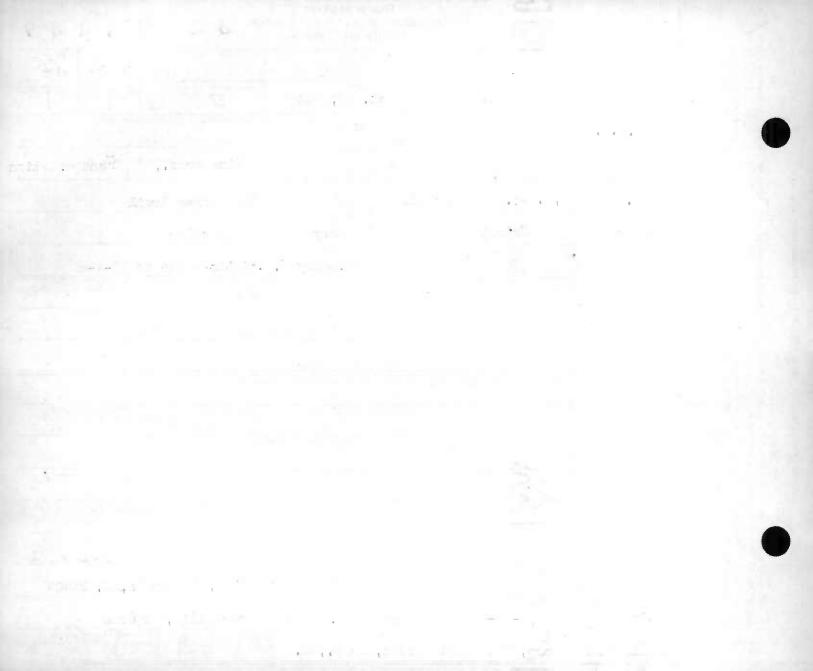
//		FOR - STATE REGISTRAR	DEPARTMENT OF CERT	TE OF MARYLAND HEALTH AND MENTAL HYG IFICATE OF DEATH	REG. NO.	4 2 3 6 E.D.T.
of h		ECEASED NAME FIRST PE OR PRINT) EDWAF	D William S	SWEET	JUNE 10, 1982	26. HOUR A. 2:32 A. M
	3 S	Male	4. RACE White June		6. AGE (IN YEARS LAST BIRTHDAY) VRS.	IF UNDER 1 YEAR # UNDER 24 HRS ONTHS DATS HOURS MIN.
deoth. Po		SIRTHPLACE (STATE OR FOREIGN CANNIEW) Manyland	76. CITIZEN OF WHAT COUNTRY? 8 MARR WIDOV	IED X NEVER MARRIED	9 BALTIMORE CITY OR COUNTY ANNE ARUNDEL CO	
by the filled with	-	GLEN BURNIE	11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) NORTH ARUNDEL HOSP	ITAL	128 USUAL OCCUPATION (TYPEOF WORK FOR MOST OF WORKING LIFE UPERVISOR	126 KIND OF BUSINESS OR
in 24 hourshould be	11/1	anyland Anne	other institution, give residence before admission of runded lacety or town runded lacety or town	13d. INSIDE CITY LIMITS? YES NO	139 STREET ADDRESS Knoll	Drive 21122
uted within		William	Sweet	15 MOTHER'S MAIDEN NA/	Ethel	Bengnen
be execu		WAS DECEASED EVER IN U.S. AR (YES GOOR UNKNOWN) (IF YES GIV	MED FORCES? 166 SOCIAL SECURITY NO. 215-09-5947	Elaine D. Su	veet Same as t	
equires that the death certifus signed by the attending phe Then please remove carbanato to burial, cremation, or remonjury, or other traumatic even	NO	Conditions, if ony, which gove rise to immediate couse (0), stating the underlying cause lost.	ly one couse per line for (a) (b), and (c) DBY: E CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) ONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	Heart deser	IN IN PART 110
he law roan. has bee t permit. iene prior	CERTIFICATION	19s DATE OF OPERATION	196. CONDITION FOR WHICH OPERATE	ON WAS PERFORMED	70s. AUTOPSY? 20b. IF YES, IN CERTIFY	WERE FINDINGS USED YING CAUSES OF DEATH?
rSICIAN: TI ing physicic certificate urial-transit Aental Hygi	MEDICAL CER	21s. ACCIDENT WAS UNDERLYING DE DE CONTRIBUTING DE CAUSE OF DE A (F. ETHER, NOTET MEDICAL EXAMINER	TH HOUR A.M. MONTH DAY YEAR P.M. 19		ED ENTER NATURE OF PUBLISH PUBLISH FA	AT I CHEART II
ONG PHY or attend After this e as the b olith and A	MED	WHILE OF MICHAEL AT HOME I	216 PLACE OF INJURY (AT HOME STREET YACTORY OFFICE FARM, ETC.)	(1/10/PE	110162	COUNTY STATE
at OR ATTEND the haspital of at DIRECTOR: etached for use te Dept. of Hec	1	778. Certify that (I) (this base) saw the time count alive on obove. (I) was within (id no	16 11011	DEGREE WATTENDANG HYSTICIAN	seath accurred on the date and hour	9
etained by TO FUNERA should be di with the Star		JORGE B. RAN	TREZ, M.D.	7845 GLEN E	OAKWOOD ROAD SUI'	TE 205 2106Z
BP		Burial (SPECIAL)	6/14/1982 Glen H	cemetery or crematory aven Men. Pank	23d LOCATION GLEN BURNIO Ann	re Arundel Md.
DHMH - 16 50M 1/81 (VRA 15, 4)	24 F	UNERAL DIRECTOR Mtn. &	Tick Neck Rds., Pasau Home of Pasadena	dena, Md. 250. DATE 21122	UN 15 1982	AR'S THAT

continue that the parties and in the parties of Proceedings of the same of the remain amount and william is sent made that the master Les - Constant Contract de la contra

ABAZAT HI LAPROSE CONTRACTOR OF THE PROPERTY OF THE PARTY OF T A Partie of Mariana The work the best of the best of 4 1876 SK 1743 King of Houter Restrict Many on Enforcement MONTO THE RELEASE OF THE PROPERTY OF THE PROPE Street Street Restaura Street Street

The state of the s 58. To be 10 100 10 10 10 CALLED TO COLUMN THE PARTY OF T Charles and the second of the ALTON AND THE PROPERTY OF THE PARTY OF THE P JIN I 1 1992 TO THE SECTION OF THE S

DIVISION OF VITAL RECORDS,



STATE OF MARYLAND

I . 00 ... ill: J - 4 - 4 - 64.5 .000: 1000. 0.00 les de la company de la compan The contract on the contract of the contract o

IMPORTANT: If Item 21 is marked at Item 18 shows any injury, at other traumatic event, the

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🞖

1 5 5			MIDDLE		LAST			AY YEAR	The same of the sa
	CEASED NAME FIRST		MIDDLE			20. DATE OF DEATH	MONTH D	AT TEAK	26 HOUR
	FLORI		Mary	UR	BAN	JUNE 11,	1982		9:20 P
3 SE	X	4 RACE		5. DATE C		6. AGE (IN YEARS LAST B		IF UNDER I YEAR	IF UNDER 24 HRS
	Female	Whi	lte	Auc		5		ONIHS DAYS	HOURS MIN.
	IRTHPLACE (STATE OF FOREIGN	76 CITIZET	OF WHAT COUNT	TRY? 8	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
	Maryland	Ţ	J.S.A.	WIDOWE		ANNE ARUI	NDEL CO	UNTY	M
10 CI	ITY OR TOWN OF DEATH		OF HOSPITAL, NU		OR OTHER INSTITUTION	120 USUAL OCCUPA		17b. KIND C	F BUSINESS O
	LEN BURNIE	NORT	H ARUNDEL	HOSPIT	AL	Housewi	fe	Owr	n Home
USU/ 13a S	AL RESIDENCE (IF NURSING HON	ME OR OTHER INSTIT	13c. CITY OR	BEFORE ADMISSION)	1 13d INSIDE CITY LIMITS?	13. STREET ADDRESS			
M		.A.		dena	YES NOX	229 Dal	e Rd.		
14 FA	ATHER'S NAME	MIDDLE	1241		15 MOTHER'S MAIDEN NA		(4,1)		
	Leo	J.	Ki	insey	Lottie	Elizabe		Warf	ield
	WAS DECEASED EVER IN U.S			SECURITY NO.	17 INFORMANT (Hus			me as	# 13
	YES NO OR UNKNOWN) (IF YE	N/A	220/14	1/7679	Mr. Albert	. W. Urba	n		
	18 CAUSE OF DEATH Enter PART I. DEATH WAS CA	er anly one cous	e per line far (a), (b), and (c				BET WEEN	MATE INTERVAL
	PART I. DEATH WAS CA	USED BY.		n-11	· [] ~ 011				
	I A CO IMME			1 1	stock				
	1629 IMME	DIATE CAUSE	0.0045460NS	EQUIENCE OF					
	1621	DIATE CAUSE (0.0045460NS	EQUIENCE OF		MONG	-		
	Canditions, if any, which	DUE T	O, OR AS A CONSI	EQUENCE OF	PUR PNR				
	Canditions, if any, which	DUE T	O, OR AS A CONSI	EQUENCE OF	PUR PNR				
	Conditions, if ony, which gove rise to immediate couse to stating the underlying couse last	DUE T	O, OR AS A CONSI	EOUENCE OF EOUENCE OF OR PORTS		TO JUST	WNG		0
NON	Conditions, if ony, which gove rise to immediate couse to stating the underlying couse last	DUE T DUE T DUE T DUE T	O, OR AS A CONSI	EOUENCE OF COURNES OF TO DEATH BUT	UR CANCE	TO JUST	WNG		0
CATION	Conditions, if ony, which gove rise to immediate couse to stating the underlying couse last	DUE T	O, OR AS A CONSI	EOUENCE OF BUT TO DEATH BUT	UR CANCE	TO JUST	NDITION GIVE	N IN PART 110	NGS USED
TIFICATION	Conditions, if ony, which gove rise to immediate couse to stating the underlying couse last	DUE T	O, OR AS A CONSI	EOUENCE OF BUT TO DEATH BUT	UR CANCELATED TO THE TERM	TROL OF	NDITION GIVE	N IN PART 116 WERE FINDIN	NGS USED
CERTIFICATION	Conditions, if ony, which gave rise to immediate couse to stating the underlying couse lost PART 2 OTHER SIGNIFICATION 19a DATE OF OPERATION	DUE T DU	O, OR AS A CONSI	EQUENCE OF EQUENCE OF TO DEATH BUT	UR CANCELATED TO THE TERM	VINAL DISEASE OR COL	NOITION GIVE	WERE FINDING CAUSES	NGS USED OF DEATH?
	Conditions, if ony, which gave rise to immediate couse to stating the underlying couse lost PART 2 OTHER SIGNIFICA 19a DATE OF OPERATION	DUE T DUE T DUE T DUE T T DUE T	O, OR AS A CONSIDER O, OR AS A CONSIDER OO ON THE CONTRIBUTING ONDITION FOR WE ME OF INJURY R A.M. MONTH	EQUENCE OF EQUENCE OF TO DEATH BUT TO LEATH HICH OPERATIO	NOT RELATED TO THE TERM	VINAL DISEASE OR COL	NOITION GIVE	WERE FINDING CAUSES	NGS USED OF DEATH?
	Conditions, if ony, which gove rise to immediate couse to stating the underlying couse last PART 2 OTHER SIGNIFICA 19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O	DIATE CAUSE (DUE T DU	O, OR AS A CONSI	EQUENCE OF EQUENCE OF TO COMMENTE TO DEATH BUT TO A HICH OPERATIO DAY YEAR 19	NOT RELATED TO THE TERM IN WAS PERFORMED 21c. HOW INJURY OCCUR	AINAL DISEASE OR COL 20a AUTOPSY? YES NO RED (ENTER NATURE OF IN)	NDITION GIVE	WERE FIND IN VING CAUSES	NGS USED OF DEATH? NO
MEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse to stating the underlying couse lost PART 2 OTHER SIGNIFICATION 19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CHE EITHER NOTIFY MEDICAL EXAM 271d INJURY OCCURRED WHILE NOT WHILE ON THE CONTRIBUTION OF COURTED WHILE NOT WHILE ON THE CONTRIBUTION OF COURTED WHILE NOT WHILE ON THE CONTRIBUTION OF CURRED WHILE ON THE COURTED COURTED WHILE ON THE COURTED	DIATE CAUSE (DUE T DU	O, OR AS A CONSI O, OR AS A CONSI O, OR AS A CONSI O) OS CONTRIBUTING ONDITION FOR WE ME OF INJURY R A.M. MONTH P.M.	EQUENCE OF EQUENCE OF TO COMMENTE TO DEATH BUT TO A HICH OPERATIO DAY YEAR 19	NOT RELATED TO THE TERM IN WAS PERFORMED 21c. HOW INJURY OCCUR	VINAL DISEASE OR COL	NDITION GIVE	WERE FINDING CAUSES	NGS USED OF DEATH?
	Conditions, if ony, which gove rise to immediate couse to stating the underlying couse last PART 2 OTHER SIGNIFICA 19a DATE OF OPERATION 71a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CHE EITHER NOTIFY MEDICAL EXAMINATION OF CONTRIBUTING CAUSE OF CHE EITHER NOTIFY MEDICAL EXAMINATION OF CONTRIBUTING CAUSE OF CHE EITHER NOTIFY MEDICAL EXAMINATION OF COURTED	DUE T DU	O, OR AS A CONSI	EQUENCE OF EQUENCE OF TO DEATH BUT TO DEATH	NOT RELATED TO THE TERM IN WAS PERFORMED 21c. HOW INJURY OCCUR	AINAL DISEASE OR COL 20a AUTOPSY? YES NO RED (ENTER NATURE OF IN)	NDITION GIVE	WERE FIND IN YING CAUSES	NGS USED OF DEATH? NO
	Conditions, if ony, which gove rise to immediate couse to stating the underlying couse last PART 2 OTHER SIGNIFICA 19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CHE EITHER NOTHY MEDICAL EXAMINATION COURRED WHILE NOTWHILE AT WORK 27a Leerlify that (1) (this has sow the deceased ally	DUE T DU	O, OR AS A CONSI O, OR AS A CONSI O, OR AS A CONSI OS CONTRIBUTING ONDITION FOR WE ME OF INJURY R A.M. MONTH P.M. ACE OF INJURY ME, STREET FACTORY, OF	EQUENCE OF EQUENCE OF TO DEATH BUT TO DEATH BUT TO DEATH BUT TO PERATIO DAY YEAR 19 FICE FARM ETC) om 19	NOT RELATED TO THE TERM IN WAS PERFORMED 21c. HOW INJURY OCCUR	AINAL DISEASE OR COL	NDITION GIVE 706. IF YES, IN CERTIFY YES UNTY IN ITEM 18 PA	WERE FINDIN ING CAUSES COUNTY	NGS USED OF DEATH? NO STATE
	Conditions, if ony, which gove rise to immediate couse to stating the underlying couse last PART 2 OTHER SIGNIFICA 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CHE EITHER NOTIFY MEDICAL EXAMINATION CURRED AT WORK NOTWHILE AT WORK NOTWHILE AT WORK NOTWHILE AT WORK NOTWHILE CAUSE OF CONTRIBUTION COURSES	DUE T DU	O, OR AS A CONSI O, OR AS A CONSI O, OR AS A CONSI OS CONTRIBUTING ONDITION FOR WE ME OF INJURY R A.M. MONTH P.M. ACE OF INJURY ME, STREET FACTORY, OF	EQUENCE OF EQUENCE OF TO DEATH BUT TO DEATH	NOT RELATED TO THE TERM N WAS PERFORMED 71c. HOW INJURY OCCUR 211 LOCATION STREET	AINAL DISEASE OR COL	NDITION GIVE 706. IF YES, IN CERTIFY YES UNTY IN ITEM 18 PA	WERE FINDIN ING CAUSES COUNTY	NGS USED OF DEATH? NO STATE that (I) (we) lo couses stated
	Conditions, if ony, which gove rise to immediate couse to stating the underlying couse lost PART 2 OTHER SIGNIFICA 19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CHE EITHER NOTHY MEDICAL EXAMINATION OF CONTRIBUTION OF CONTRIBUTION OF COURTED WHILE NOT WHILE AT WORK 27a I certify that (I) (this has sow the deceased alive obove, (I) (westerd) (discovered)	DUE T DU	O, OR AS A CONSI O, OR AS A CONSI O, OR AS A CONSI OS CONTRIBUTING ONDITION FOR WE ME OF INJURY R A.M. MONTH P.M. ACE OF INJURY ME, STREET FACTORY, OF	EQUENCE OF EQUENCE OF OR ANY TO DEATH BUT TO A HICH OPERATIO DAY YEAR 19 FICE FARM ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 71c. HOW INJURY OCCUR 71l. LOCATION STREET 19 nd that in (my) (east) apinion DEGREE ATTENDING	TINAL DISEASE OR COL 700. AUTOPSY? YES NO CITY OR I CITY OR I MEDICAL ST.	POINTION GIVE 70b. IF YES, IN CERTIFY YES URY IN ITEM 18 PA	WERE FINDING CAUSES INTI OR PART 2) COUNTY 9 ond from the	NGS USED OF DEATH? NO STATE that (I) (we) lo couses stated
	Conditions, if ony, which gove rise to immediate couse to stating the underlying couse lost PART 2 OTHER SIGNIFICA 19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CHE EITHER NOTHY MEDICAL EXAMINATION OF CONTRIBUTION OF CONTRIBUTION OF COURTED WHILE NOT WHILE AT WORK 27a I certify that (I) (this has sow the deceased alive obove, (I) (westerd) (discovered)	DUE T DU	O, OR AS A CONSI O, OR AS A CONSI O, OR AS A CONSI OS CONTRIBUTING ONDITION FOR WE ME OF INJURY R A.M. MONTH P.M. ACE OF INJURY ME, STREET FACTORY, OF	EQUENCE OF EQUENCE OF OR ANY TO DEATH BUT TO A HICH OPERATIO DAY YEAR 19 FICE FARM ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 71c. HOW INJURY OCCUR 71l. LOCATION STREET 19 nd that in (my) (east) apinion DEGREE ATTENDING	AINAL DISEASE OR COL 700. AUTOPSY? YES NO RED (ENIER NATURE OF IN) CITY OR 1 To deoth accurred on the insertion of the in	POINTION GIVE 70b. IF YES, IN CERTIFY YES URY IN ITEM 18 PA	WERE FINDING CAUSES INTI OR PART 2) COUNTY 9 ond from the	NGS USED OF DEATH? NO STATE that (I) (we) locouses stated
	Conditions, if ony, which gove rise to immediate couse to stating the underlying couse last PART 2 OTHER SIGNIFICA 19a DATE OF OPERATION 71a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING AT WORK 27a I NOT WHILE AT WORK 27a I certify that (I) (this has sow the deceased aliverable). SIGNATURE	DUE T DU	O. OR AS A CONSI O. OR AS A C	EQUENCE OF PORT OF THE PORT OF	NOT RELATED TO THE TERM IN WAS PERFORMED 211. HOW INJURY OCCUR 211. LOCATION STREE: 19 nd that in (my) (4017) opinion DEGREE PHYSICIAN 6	TO MEDICAL DISEASE OR COL	NDITION GIVE 206. IF YES, IN CERTIFY YES URY IN ITEM 18 PA	WERE FIND IN (ING CAUSES) COUNTY ON from the	STATE that (I) (we) lo couses stated SIGNED

BP. DHMH - 16 50M 1/B1 (VRA 15, 4)

Singleton Funeral Home ADDRESS

Glen Burnie, 250. DATE REC'D. BY REGISTRAR 25h MD.

area and continued to the second of the seco	

MPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical examiner must be notified

FOR - STATE REGISTRAR

S	T	A	TE	OF	MA	RYL	AND		
	_	_							

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

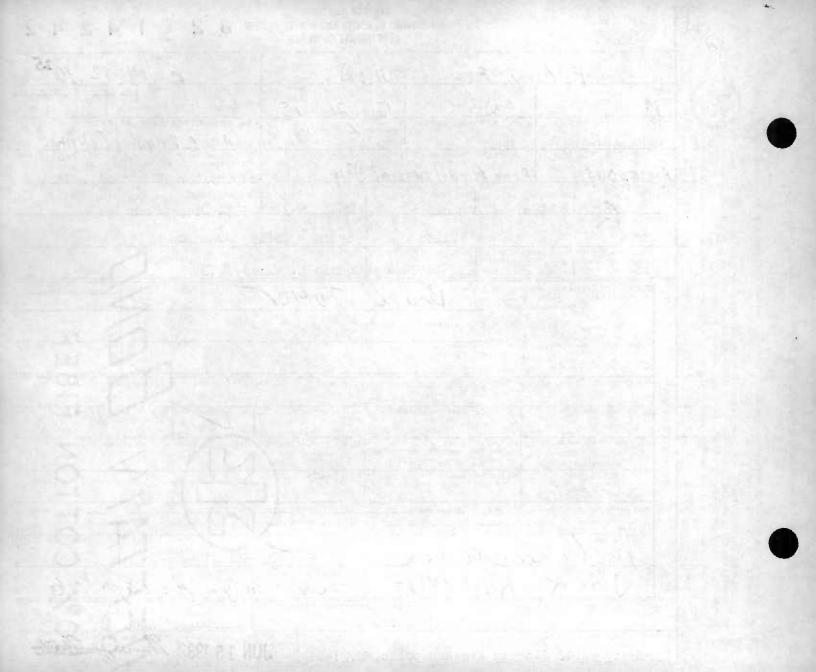
REG NO

		CEASED NAME FIRST	4200	MIDDLE		LAST		20 DATE OF DE	ATH M	ONIH I	DAY YEAR	26. HOUR	-
76	(III)	Hildi	ny A	levei	- 111	(n)	Cn		6	10	112	1000	AA
	3 SE	X .	4 RACE	TEXEL	5. DATE	OF BIRTH	N.	6 AGE (IN YEARS	LAST BIRTH		IF UNDER 1 YEAR	IF UNDER 24 F	HRS
)	1	1	CMI		13	27	YE AR	66		YRS	MONTHS DATS	HOURS M	AIN.
100	7a. BI	RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF	WHAT COUN	TRY? 8	N		9. BALTIMORE	ITY OR		OF DEATH		
1		urgas Finland	IISA		WIDOV		DIVORCED	Ann	P D	vinc	tal Car	ntin	MD
00		TY OR TOWN OF DEATH	11. NAME OF		JRSING HOME			17a USUAL OCC			126 KIND (OF BUSINESS	
5	Ar	mapolis	Ahna M	and of	MAD (TA	HOSP		(TYPE OF WORK FOR		WORKING LIF			
المرا	USU/	AL RES DENCE (IF NURSING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE			F CITY LIVERS	Isupervi:			Balt.	G&E_	_
and the same of		Md AAG		Arnold	TOWN	YES T	NO T	13e STREET ADD		Cmaal	- 0		
2	14. FA	THER'S NAME				15 MOTH	R'S MAIDEN NA		•	Lreek			
46	Kc	onrad	MIDDLE	Vile		Lyd:	ia Sof		1SOn		LA	ST	
1		VAS DECEASED EVER IN U.S. AR			SECURITY NO.	17 INFOR	-		ADDRES:				
1		(ES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATEST	219 10	7484	Conn	le L. Vi	len # 13					
		18 CAUSE OF DEATH (Enter on	ly one couse per	line for to	or ond ici		- / -				APPROX	MATE INTERVAL	A.T.M
		PART I. DEATH WAS CAUSE	D BY	12	rain	/	UM01				BEIWEEN	ONSE! AND DE	il is
		2396		DACA CONS	FOURNICE OF				715				
		Conditions, if ony, which	(b)	K AS A CONS	EQUENCE OF								
щ		gave rise to immediate cause (a), stating the	DUE TO O	DAS A CONS	FOUENCE OF								
		underlying couse lost	(6)	K AS A CONS	EOUENCE OF						34.		
		PART 2 OTHER SIGNIFICANT O	ONDITIONS CO	ONTRIBUTING	TO DEATH BL	JT NOT RELAT	ED TO THE TERM	AINAL DISEASE OR	CONDI	TION GIV	EN IN PART IS	0'	
	CERTIFICATION												
1	CAT	190 DATE OF OPERATION	196 COND	TION FOR W	HICH OPERATI	ON WAS PER	FORMED	200 AUTOPSY			, WERE FINDI		
	ZIF.							YES NO		YES		NO [
2	G	210. ACCIDENT WAS UNDERLYING	216 TIME O		DAY YEAR	21t HOW	INJURY OCCUR	RED (ENTER NATURE	OF INJURY	IN ITEM 18 P	ART I OR PART 2)	1-17	
1	Š	OR CONTRIBUTING CAUSE OF DEA			19								
	MEDICAL	21d INJURY OCCURRED	21 e. PLACE		FICE, FARM, ETC 1	211 LOCA	TION	CIT	y OR TOWN	N	COUNTY	STATE	
	>	AT WORK AT WORK	(AT HOME STA	EET PACTORY, OF	FICE, PARM, ETC.)	1 2			00			JIAIL	
		220 I certify that (1) (this haspi	(a) ottended th	e deceased fr	om		. 19	, to	100		19	that (I) (we)	lost
		sow the deceased alive on above, (1) (we) (did) (did no		ofter death.	19	and that in (n	ny) (our) opinion	deoth occurred on	the dote	e and hour	r and from the	couses stated	1
		226. SIGNATURE	/	1		DEGREE	/				22t. DATE	SIGNED	
		Jaco K	ups	low	2		PHYSICIAN [MEDICAL DIRECTOR P	STAFF		AL CONTRACTOR		
1	5	170 PHYSICIAN'S NAME (TYPE O	R PRINT)	-1 01		22e ADDI	RESS 0 "	1 ,	1		1	·s	
		NACK	KU-	Shoo	11	2	6 A10	198/4-	H	ucc	apol		
	23a. 8	URIAL, CREMATION, REMOVAL	23b. DATE				RCREMATORY	23d COCATION	7		county	STATE	
	В	urial	6-17-8	2	Hillcre	st		Annapo	lis		o Md		
	24 FL	INERAL DIRECTOR					25a. DA1	TE REC'D, BY REGIS	TRAR 25	b POST	RAR'S MGNAT	LATER -	

Hardesty FH, 12 Ridgely Ave, Annapolis, Md. 21401

BP.

DHMH - 16 50M 1/81 (VRA 15, 4)



		REGISTRAR			CERTIF	ICATE OF DEATH	REC	S. NO.	2	
		CEASED NAME FIRST		MIDDLE	1	AST	20 DATE OF DEAT		YEAR	2b HOUR
-	TYPE	August	us	Howard	Vo	landt	June :	26, 1982		14 AM
	3 SE	X	4. RACE		5 DATE C		6. AGE (IN YEARS LA		NDER I YEAR	IF UNDER 24 HRS
	1000	Male	Whi		Feb	27, 1916		66 YRS MON	IHS BATS	HOURS MIN.
26	7a BI	RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CIT	Y OR COUNTY OF	DEATH	
-	1	Maryland	U.S	5.A.	WIDOWE		Anne A	rundel	Co.	MD.
	10. CI	TY OR TOWN OF DEATH				R OTHER INSTITUTION	12a USUAL OCCU	PATION (Ret)	126 KIND O	
X		everna Park		Knollwo		oad	Beef	uper •	Ess	kay
36	# 138 S	AL RESIDENCE (IF NURSING HOME OR STATE aryland 136 CQUI	OTHER THIST ITUTION	Severna	Pk.	134 INSIDE CITY LIMITS?	13e. STREET ADDRE	SS	. D.	
-				00.01110		YES NO X		nollwood	коа	ia
20	IA FA	ATHER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	ME MIDDI	LE .	LAN	
FL		Augustus		Voland		Janie			Ri	nk
1			MED FORCES?	166 SOCIAL SECU	JRITY NO.		/		as	# 13
	31		W.II	215.09	9550	Mrs. Mari	e E. Vo.	landt		
-		18 CAUSE OF DEATH (Enter on	ly one couse per	ling for (o), (b), on	nd ic	# 1 7	+ p		BETWEEN	IMATE INTERVAL ONSET AND DEATH
		PART I. DEATH WAS CAUSE	E CAUSE (a)	Judale	4 de	of due 4	t Coronor	5 Mitaz	,	
		4149		R AS A CONSEOU	ENCE OF		Ol	livene	,	
		Conditions, if any, which	(b)_	Arter	ivial	erosi's Peri	erol		100	715
		gove rise to immediate couse (a), stating the	DUETO	R AS A CONSEQU						
		underlying couse lost	((c)	K AS A CONSCOO	LINCE OF			THAT I		
		PART 2. OTHER SIGNIFICANT (ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR C	ONDITION GIVEN I	N PART 116	0,
	o N				H	Lyperten				
(1)	CAT	190 DATE OF OPERATION	196 COND	TION FOR WHICH	OPERATIO	WAS PERFORMED	200 AUTOPSY?	206 IF YES, WE	ERE FINDIN	IGS USED
7	CERTIFICATION						YES NO	IN CERTIFYING	CAUSES	OF DEATH?
0		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	110110 1	FINJURY M. MONTH D.	AY YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF	INJURY IN ITEM TE PART I	OR PART 2)	
4	CAL	IF EITHER NOTIFY MEDICAL EXAMINER	1111	-	19					
	MEDIC	21d INJURY OCCURRED	21e. PLACE	OF INJURY		21f LOCATION	CITY C	PRIOWN	COUNTY	STATE
	>	AT WORK NOT WHILE AT WORK	(A) HOME, SIR	TEET, PACTORY, OFFICE, I	AKM EIC J	JIME!	7	1000	60	STATE
		22a I certify that (I) (this hospi	ol) oftended th	e deceased from_	NW	1966	10 hu	ne 20 195	92	that (I) (we) last
		sow the deceased alive an above, (I) (we) (did) (did no	1 pm	E 8 19.	82_ on	d that in (my) (our) opinion o	death occurred on th	e date and hour and	d from the	couses stated
		226. SIGNATURE	/	orier deom		DEGREE			22c. DATE S	
		1	Dill	1/whe	2//	ATTENDING PHYSICIAN	MEDICAL S	STAFF YSICIAN []	26	JUN'82
1		224 PHYSICIAN'S NAME STYPE O	R PRINT)		UK D	22e. ADDRESS		0	2	21061
	A second	JOSEPH	1 / 1	FR			art Rd.	Glen1:	SURI	VIE, Mil
		URIAL, CREMATION, REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d. LOCATION		OUNTY _	444
		Burial,	29 Jul	ne 82 G.	len H	aven Mem.Pk	Glen	Burnie	A.A	., MD.

Glen Burnie, 35. MW Maryland

DHMH - 16 50M 1/81 (VRA 15, 4)

IMPORTANT: If Item 21 is

24 FUNERAL DIRECTOR

Singleton Funeral Home

The state of the s Severage Parts of The Augustical Comit in the Committee of the Committee o sear America with the last to Maleston and Salar Liver Deep . or . of the second Patrician of make the transfer of and the second of the second of the second THE POST OF LAND AND ADDRESS. TO THE LOCKED MADE IN THE SECOND SECOND BETTER BETTER SERVICE THE · Hip early fire a factor in many a law and a factor in the factor in

Annapolis, Md.

FOR

24 FUNERAL DIRECTOR

Hardesty Funeral Home

DHMH - 16 50M 1/81 (VRA 15, 4) - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE A

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

The state of the s

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-Warfield Jon DEATH MATED 0. SEX 4. RACE 5. DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE MONTH YEAR LAST BIRTHDAY) PRONOUNCED 10 3-DEAD 10 Th. CITIZEN OF WHAT COUNTRY To BIRTHPLACE CITATE OF 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRYS U.S.A. WIDOWED DIVORCED Maryland IS CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Cust. Service Man. United Air Ju. STATE 1136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Anne Arundel 476 Colonial Ridge Rd. Maryland Arnold NO [IL FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Thomas Bowie Warfield Virginia /Flora Burris 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMAN 16b. SOCIAL SECURITY NO. ADDRESS (YES, NO, OR UNKNOWN) 1956-60 214-34-3880 yes SAME AS 18 CAUSE OF DEATH (Enter only one cause per lipe far (a), (b), and (c),) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENT Conditions if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) USED AS A B OF HEALTH / CERTIFICATION 190 DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO. 3 SHOULD BE DEPARTMENT 21g EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME 211 LOCATION 21d INTURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BAJELIMORE, MARYLAND, 2 22a I certify that I took charge of the remains described above, held an and in my apinian death resulted fram Homicide Undetermined manner TITLE (SPECIF ACTUAL SIGNED 6. JE, 82 SIGNATURE EXAMINER'S NAME TYPE OR PRINT 23 a. BURIAL, CREMATION, REMOVAL 23b. DATE LOCATION 23c. NAME OF CEMETERY OR CREMATOR' COUNTY STATE Baltimore
Baltimore
Baltimore BP Cremation 24 FUNERAL DIRECTOR **DHMH-17** (VR A15 ME (5)) Hardesty Funeral Home 12 Ridgely Ave. Ann. MD 15M 2/80

· North annual control of the second of the increased actual account of filling

FOR STATE REGISTRAR

	STA	ATE	0F	MARY	AND	
DEPARTA	MENT OF	F HE	AI1	TH AND	MENT	

CERTIFICATE OF DEATH

EDT REG. NO

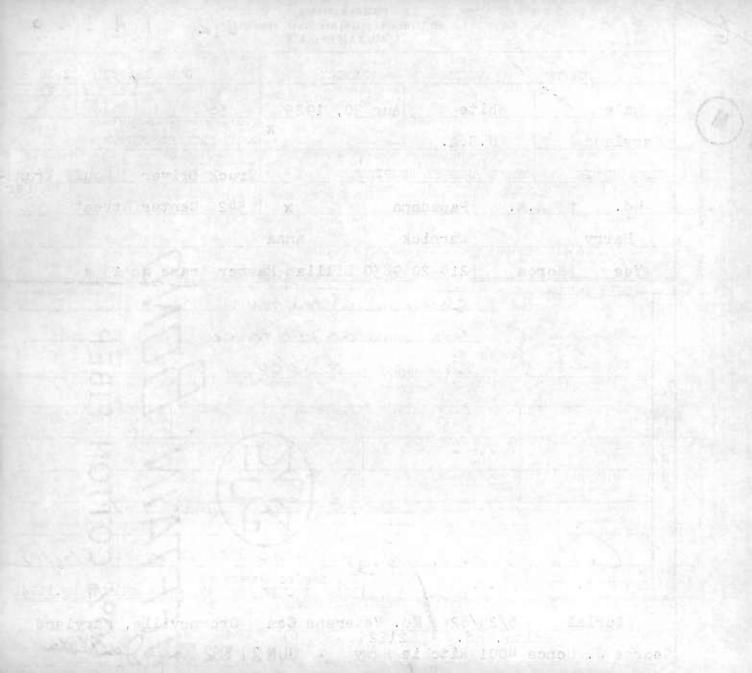
d		CEASED NAME	FIRST	1	WIDDIE	L	AST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	(IANE		BERT	/	JAMES	W	ARNICK	Jt	JNE 1	91982	2:20 PM
	3. SEX	(137.6	4 RACE		5. DATE C		6 AGE (IN YEARS LAST &	IRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
1		Male		Wh:	ite	Aug	30, 1925	56	YRS	MONTHS DATS	HOURS MIN.
1		RTHPLACE ATE OR	FOREIGN		F WHAT COUNTRY	8		9 BALTIMORE CITY			
2		arvland		U	.S.A.	WIDOWE	D NEVER MARRIED	ANNE ARUNI	DEL C	COUNTY	440
1	_	TY OR TOWN OF DE	ATH	11. NAME C	F HOSPITAL, NURSI	NG HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPAT			OF BUSINESS OR
H	GI	EN BURNIE			ARUNDEL H		AT.	Truck Dr	iver		ff Trans
1	_	AL RESIDENCE HE NUR	ING HOME OF	OTHER INSTITUTE	ON GIVE RESIDENCE BEFOR	E ADMISSION)				. I nou.	fer
2	130 2	Md.	13b COUR	.A.	Pasade		13d INSIDE CITY LIMITS?	542 Ce		Stree	
1	14 FA	THER'S NAME	_ A	• 17.	Tasaue	110	IS MOTHER'S MAIDEN NA		neer	Price	L
1		FIRST		MIDDLE	Talo 2003 O	1-	FIRST	MIDDLE		LA	51
W	16n V	Harry /AS DECEASED EVER	IN IIS AR	MED FORCES	Warnic		Anna 17. INFORMANT	ADDR	FSS		
Н		ES. NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)						4.0	
		Yes	Kor	ea	1214 20	9850	Lillian Ha	agner sa	me a		
		18 CAUSE OF DEAT PART I, DEATH W			er line for (a), (b), or	nd (c).\	, , , ,			BETWEEN	IMATE INTERVAL ONSET AND DEATH
		TAKTI DEATH		TE CAUSE (o)_	Instes	LINAL	Obstruction	N			
1	100	1539		545.50	00.16.1.60116501	51105.05					
1		Conditions	121	DUE TO,	OR AS A CONSEQU		Ler DOLL	- 210 :		all the same	
1		Conditions, if any gove rise to imi		(b).	Cancu	uoma	fosis perit	OIVEL			
1		couse (o), statir underlying couse	ng the	DUE TO.	OR AS A CONSEQU	ENCE OF	0 1			5 911 0	
1		onderlying coose	1031	(c)_	Carcia	Jan C	u of con				
	-	PART 2 OTHER SIGI	VIFICANT (CONDITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COM	DITION (GIVEN IN PART II	0
	è										
2	CA	190 DATE OF OPERA	TION	196 CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF	YES, WERE FINDI	NGS USED
	=							YES T NOT		TIFYING CAUSES	NO T
1	CERTIFICATION	21a. ACCIDENT WAS UNI	DERLYING [OF INJURY		21c. HOW INJURY OCCURE		URY IN ITEM I	18 PART I OR PART 2)	
П		OR CONTRIBUTING		1173	A.M. MONTH D						
1	MEDICAL	216. INJURY OCCUR			P.M. E OF INJURY	19	211 LOCATION				
1	WE				STREET FACTORY, OFFICE	FARM ETC)	STREET	CITY OR TO	NWC	COUNTY	STATE
١		AT WORK NOT WE	RK L						116		
		22a.l certify that (1)					97,19.82	10 JUN	c 19	19A2	tho (1) (we) lost
1		sow the decease above, (1) (worth	ed alive on	t) view the hou	ly other death	A2-, on	nd that in (my) (our) opinion o	death occurred on the o	lote and h	nour and from the	couses stated
- 1		226 SIGNATURE	/	THICK THE DOC	y diver depth.		DEGREE			72c DATE	SIGNED >
-	-1	1	17	AC	21	1	ATTENDING	MEDICAL STA	FF	0	1.10-
\dashv		774 PHYSICIAN'S N	AME TIME	a Parci	the	140	PHYSICIAN MALE ADDRESS	DIRECTOR PHYSI	CIAN	6,	20/112
		The second second				-	500 Empire T	owers		- (1
		ARTHUR L.	GUDW	114, M.	J •		7310 RITCHIE		GLEN	BURNIE,	MD.21061
		URIAL, CREMATION,	REMOVAL	23b. DATE	23ε	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION			
	(:	Runia	7	6/2	3/82 M	a wa	tonona Com	CITY OR TOWN	: 77	COUNTY	STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

Balto. Md. 21225
Gonce 4001 Ritchie Hgwy George J.

Len Warthen



STATE OF MARYLAND

The contington, nd. 20039 - He was lived

Glen Burnie, Md,

- STATE

DHMH - 16 50M 1/81

(VRA 15, 4)

Raymond C. Fink

REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🔎

CERTIFICATE OF DEATH

1180 345 8740		
	GREVET 1954 S. L. STEET, S. L. ST.	dia .
Anatom means they		
10 mm 1 mm 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Acad and post of the	The state of the s	
rioda es apartir le juipin	Printed to the Land of the Lan	
) The state of the	
21 01 1		
	WIT O OBSELLING A. II	

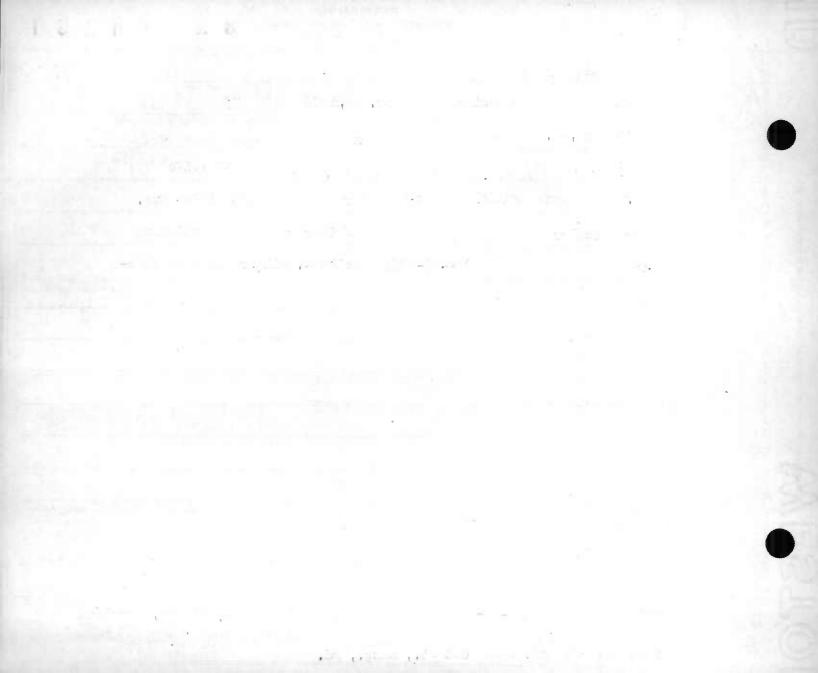
The state of the s	F/10/A		area series	1	4.0	The.
		35		newsren		
		- AME A.		1.67		
		DUESSHAR	180- 600	1818131	HIE FAI	10000
	MIKECOURT	· The Deck		Degreen	John .	160
	IN Develope	THE M.	E Come	TRA P		SERVICE.
	A Drawing Andread	W. M. Laurencon	Remail		que for	5/4
			observanter a			

(VRA 15, 4)

STATE OF MARYLAND

HITH MARLEY WENZEL 6-2-82-15 TOWN TOWNS A SAME THE PARTY OF NO HA Property of the State of 1 1 1 6-4-82 HILLERST COME HUNGROOM HA PAR

STATE OF MARYLAND



B							STAT	E OF MARYLAND					1000 400
6		1	FOR STATE			DEPARTA		EALTH AND MENTAL	HYGIENE 8	2		4 2	5 2
			REGISTRAR					ICATE OF DEATH		REG. N			EDT
A.c.			CEASED NAME FIRE OR PRINTS	151		MIDDLE	ı	AST	2a DAT	OF DEATH	MONTH '	DAY YEAR	26 HOUR
o ke	1.		GRACE			rginia		DLEY		E 8, 1			9:30P M
4 % ()	1	3 SE		4	RACE		5. DATE C	DAY YEAR		IN YEARS LAST BE	RIHDAY)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
90 00	/		Female		Whit		Apr	il 23, 18		89	YRS.		
sh. Po ol di	200	/a B	IRTHPLACE STATE OR FOREIG	3N 7b		WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9. BALTI	MORE CITY	OR COUNT	Y OF DEATH	
deo	15/		aryland	111	U.S.		WIDOWE			NE ARU			MD.
by the	P 4	0	LEN BURNIE		NORTH .	ARUNDEL H	OSPIT	PROTHER INSTITUTION		NORK FOR MOST ON CITAL		Star	of BUSINESS OR
hour de	201	U5U 13a	AL RESIDENCE I F NURSING H	COUNTY		GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS	? 13e STRE	ET ADDRESS		011	
filled hould	100	_	aryland	A.F	4.	Pasaden		YES NO X	89	46-A E	ort	Smallv	wood Rd.
4	Ann	14. F.	ATHER'S NAME FIRST	MID	DLE	LAST		15. MOTHER'S MAIDEN		WIDDLE		14	<1
pe 15 /	120		Joseph			Hagman		Georga.				Gramm	
xecu	B /		VAS DECEASED EVER IN U			16b. SOCIAL SECU		17. INFORMANT (G					
9 9	1/				AR OR DATES)			Mr. Kenn	eth D	. Who]	Ley,		
certificate ing phytic rbon paper	C event, 6		18 CAUSE OF DEATH IEL PART I. DEATH WAS 4212 IMM	AUSED E	CAUSE (o)			kgen				APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
ne deoth ne ottend smove ca matian, o	r froumat		Conditions, if ony, wh gave rise to immedia	ote	(b)	R AS A CORSEQUE		>A					34.014
by th	othe		couse (a), stating to underlying cause to	the ist	DUE TO, OF	R AS A CONSEQUE	NCE OF						
ned I	0		PART 2 OTHER SIGNIFIC	ANTCO	NDITIONS CO	ONTRIBUTING TO D	FATH BUT	NOT RELATED TO THE T	EDMINIAL DISI	ASE OF CON	IDITION ON	/ENLINI DADT 1:	
sign Then to be	ry in	Z					27777	THE RECEIVED TO THE T	ERMINAL DISI	ASE OR COL	DITION GIV	CIA HALWKI III	
be law re an. hos beer t permit.	swo swo	CERTIFICATION	190 DATE OF OPERATION		196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 A	UTOPSY?	IN CERTI	S, WERE FINDING CAUSES	NGS USED OF DEATH?
N. Th Tysicia Icate Icate Icate Hygie	18 sho	CER	21a. ACCIDENT WAS UNDERLY		21b. TIME O	FINJURY M. MONTH DA	V VEAR	21c HOW INJURY OCC	CURRED (ENTE	R NATURE OF INSL	RY IN ITEM 18	PART 1 OR PART 2)	
	Hem 4	CAL	OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICALEX		P./		19	40.0					
G PHYS ottendin er this c s the bur and Me	morked or h	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		21e PLACE (OF INJURY EET, FACTORY, OFFICE, FA	IRM ETC)	211 LOCATION STREET		CITY OR TO	OWN	COUNTY	STATE
Af Af	E		220.1 certify that (I) (this	Hospital	attended, the	deceosed fram	6	87 19	, to	6 8		19 84	that (I) (we) lost
pitol TOR for t	21 is		sow the deceased all abave, (I) (we) (did) (ive on	ew the body.	atter death	, ar	d that in (my) (our) apin	ian death acc	urred an the d	ate and hav	or ond from the	couses stated
hos hos	#e#		22b. SIGNATURE		new me odey	diter death.	Do	DEGREE				22c DATE	SIGNED
AL D detoc	# /			1200	seepe		1/1	PHYSICIAN		AL STA		(0)	914
HOSPITAL ined by th FUNERAL uld be deto	A T	н	22d. PHYSICIAN'S NAME	(TYNE OR	8.1		1	22e ADDRESS				1	· u
	MPORTAN		ELMO M. GAY	oso.	MAD.			273-F PENI	NSULA	FARM RI	D. ARN	NOLD, MI). 21012
5 g 5 g 3	3		BURIAL, CREMATION, REM	OVAL	728 DATE	23c. N	AME OF C	EMETERY OR CREMATO	RY 23d. LC	OCATION			-
BP		1	Burial	(1	1 Jun	e 82 Me	adow	ridge Mem	.Pk. I	Elkric	lge,	Howard	, MD.
DHMH - 16 50M 1. (VRA 15, 4)	/81	24 F	Singleton	P	Chril	M ADDRESS G	-	D11160 250.		Y REGISTRAR		RAP'S SIGNE	

A CON PURPOSE STREET AND A STREET STREET STREET Principal Company THE CONTROL OF THE STATE OF THE The same of the sa

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE A

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Year Warthen

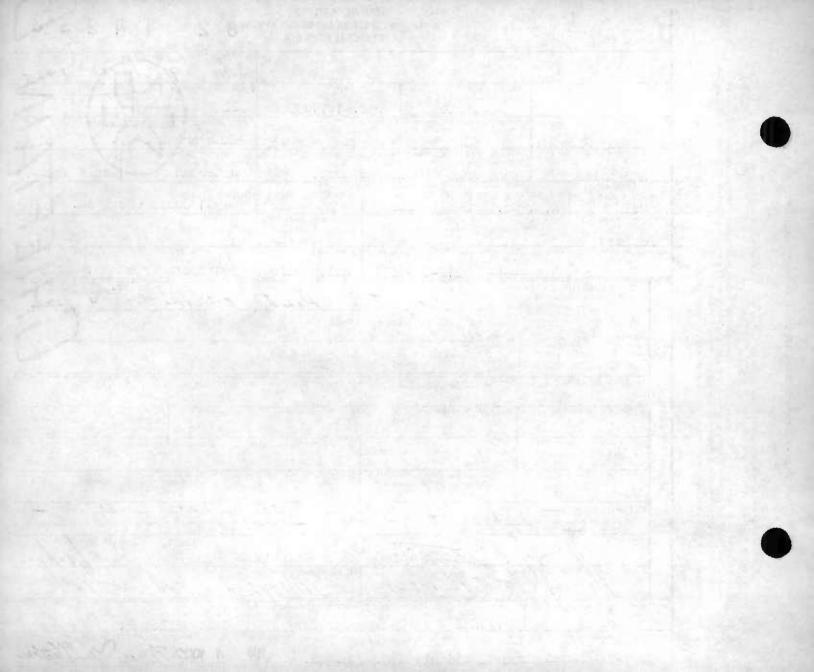
	1 -	FOR STATE REGISTRAR	DEPA	RTMENT OF H	EALTH AND MENTAL HYG	IENE 8 2	0.	4 2	5 3	
T		CEASED NAME FIRST	MIDDLE	£	AST	20 DATE OF DEATH	MONTH DA	YEAR	2b HOUR	
	(lire	Lero	V		Wilde	JUNE 29	19	82.	4:49	AM
3	SEX		RACE	5 DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY) IF	FUNDER I YEAR	R IF UNDER 24	HR5
		male	white	Dec		82	YRS.	ONTHS DATS	HOURS	MIN.
1		RIHPLACE ISTATE OR FOREIGN 7	b. CITIZEN OF WHAT COUNTS	RY? 8		9 BALTIMORE CITY O		OF DEATH		_
4		Shady Side, Md	USA	WIDOWE	D NEVER MARRIED DIVORCED	Anne Aru	ndel Co			MD
1	0 CI		1. NAME OF HOSPITAL, NUR	SING HOME		120 USUAL OCCUPATI	ON	12b. KIND	OF BUSINESS	SOR
1		Annapolis	Anne Arundel		Hosp.	wa terman	F WORKING LIFE)	self	emplo	ved
1	JSU/	L RESIDENCE (IF NURSING HOME OR C	OTHER INSTITUTION, GIVE RESIDENCE BE	FORE ADMISSION)		1				
Э,		TATE 13b COUNT			136 INSIDE CITY LIMITS? YES NO XX	4901 God	ase Cre	ek Ro	1.	
1		THER'S NAME	Co. Shady S	rue	15. MOTHER'S MAIDEN NA		750 010	3011 110		
7	_		NDDLE TAST		FIRST	WIDDLE			Smith	
7		enin /AS DECEASED EVER IN U.S. ARM	Wilde AED FORCES? 16b SOCIAL SI	ECURITY NO	Bertha 17 INFORMANT	ADDRE	SS		MIT CIT	-
			WAR OR DATES)					, Dd	Chady	Cic
-	-	no l –	212-36		Allen Wilde	4901 Goos				The second name of the second
		18 CAUSE OF DEATH Enter only PART I. DEATH WAS CAUSED	BY	-	11 +	FRILUR		o BETWEET	XIMATE INTERVA	ATH
1	-0	11-00 IMMEDIATE	CAUSE (b)	ngerles	ve Mear	119.7010	<i>L</i> .	7	1/ Rar	٧
		7280	DUE TO, OR AS A CONSE	QUENCE OF						
	-	Conditions, if any, which gove rise to immediate	(b)							-
		couse (o), stoting the underlying couse lost.	DUE TO, OR AS A CONSE	OUENCE OF						
П			(c)							
	CERTIFICATION	PART 2 OTHER SIGNIFICANT CO	ONDITIONS <u>CONTRIBUTING 1</u>	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	V IN PART 1	(a	
7	CAI	190 DATE OF OPERATION	196 CONDITION FOR WHI	ICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES,	WERE FIND	INGS USED S OF DEATH	2
	E					YES NO	YES		NO [
		210. ACCIDENT WAS UNDERLYING	21b TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUI	EY IN ITEM TO PAR	T I OR PART 2)		
	SAL	OR CONTRIBUTING CAUSE OF DEATH	P.M.	19						
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION	CITY OR TO	WN	COUNTY	STA	TE
	2	WHILE NOT WHILE AT WORK	(AT HOME, STREET FACTORY OFFI	CE FARM ETC }	SINCE	CITOXIO		000111	378	
1		22a I certify that (I) (thu hespita	ol) attended the deceased fro	m 0 CT		to JUN.	_ 10	52	, that (I) (lost
4		sow the deceased alive an _above, (1) (was idea) (did not)	JUNE 28	82 or	nd that in (my) (aux) opinion (deoth occurred on the de	ote and hour i	ond from th	e couses state	ed
		276 SIGNATURE	view the body offer degin	-	DEGREE				E SIGNED	_
		Harve	4 1 Stenly	8 /	MA ATTENDING PHYSICIAN TO	MEDICAL STAI	F	6	130/0	2
		22d PHYSICIAN'S NAME (TYPE OR	PRINTY		22e ADDRESS	/	/	1	-//	
		MAKV241	IT STRINK	ews) HANV	side M	1/ 2	076	K	
7	30. B	URIAL, CREMATION, REMOVAL			EMETERY OR CREMATERY	73d. LOCATION				-
	(SPECIFY) Runial	7/1/22		n Comotony	CITY OR TOWN		COUNTY	STAI	16

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR

Hardesty Funeral Home 12 Ridgely Ave.

BP.



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

tems #5%6 per phone call w/Fur

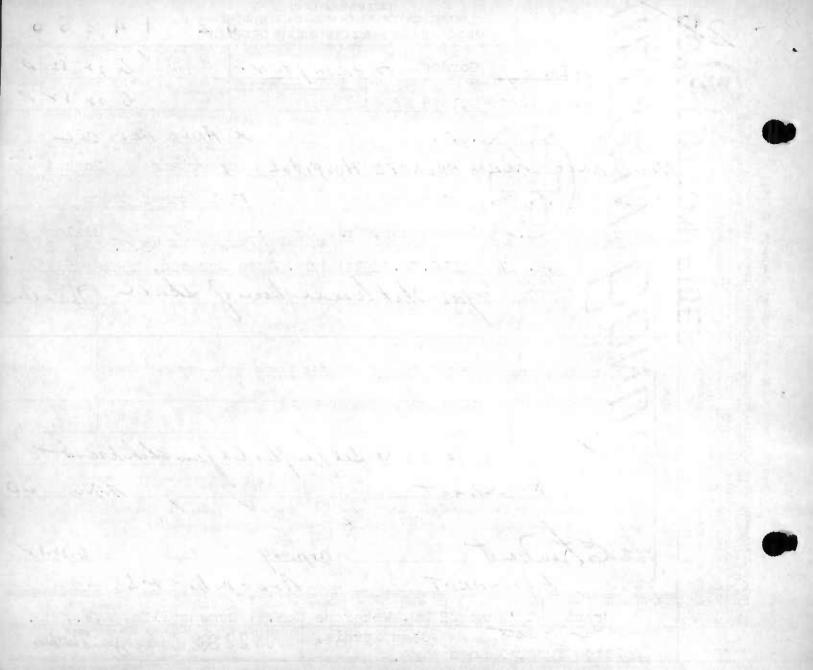
1 - STATE Home 6/15/82 rc

TO THE PARTY OF TH The second secon government of the second secon at an armine to the all and are the control of the control of and the second the second contraction of the the same of the sa THE STATE OF

	1 -	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2	1 4	2	5 5 E.D.T.
		EASED NAME FIRST CHARLES	WIDDLE	WINTER		MONTH DAY	YEAR	26 HOUR
ours offer.	SEX		1. RACE WHITE	5 DATE OF BIRTH MONTH DAY 12 - 26 - 95	6. AGE TIN YEARS LAST BIR	L982. (HDAY) IF UN MONTH	DER I YEAR	IF UNDER 24 HRS
35		OUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY O	R COUNTY OF I	PEATH	MD
Post 4		Y OR TOWN OF DEATH GLEN BURNIE	11. NAME OF HOSPITAL, NURSI IF NOT IN SUCH FACILITY, GIVE STREE NORTH ARUNDEL		12a USUAL OCCUPATION OF THE STATE OF MOST OF		DOSTRY	F BUSINESS OR
35	3a S'	MDBA	HER INSTITUTION GIVE RESIDENCE BEFORM TY HER CITY OR TOV PERRY	YES NO NO	13e STREELADDRESS	PENA) /	WE.
93a		CHARLE	S F WIN	MIST 15. MOTHER'S MAIDEN N	U INTA MIDDLE		LASI	1
2 medic		AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC	19723 MAR	y C WIM	962 -	Al	SOUE
cremation, or removal.		PART I. DEATH WAS CAUSE IMMEDIAT 4360 Conditions, if ony, which gove rise to immediate couse [ab], stating the	by one couse per line for (a), (b), a DBY. DUE TO, OR AS A CONSTOL DUE TO, OR AS A CONSTOL DUE TO, OR AS A CONSTOL	A pertenna	4		APPROXIVEEN C	MATE INTERVAT INSET AND DEATH
injury, or other	NOI	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONI	DITION GIVEN IN	PART IIO	
shows only	CERTIFICATION	9a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? YES NO	206 IF YES, WE IN CERTIFYING YES	CAUSES	GS USED OF DEATH? NO
		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH D	AY YEAR 19	RRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I	OR PART 2)	
	MEDICAL	WHILE NOT WHILE AT WORK	210 PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE	PARM ETC) 211 LOCATION STREET	CITY OR TO	WH (OUNTY	STATE
21 is morked		220.1 certify that (1) (this hospi saw the deceased alive an above, (1) (the (did) (did no		12, and that in (my) (our) ppinion	2, to 6 - 7			that (1) (we) last couses stated
T. H Hera		226. SIGNATURE	e Court	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F	G - S	SIGNED 12
IMPORTANT. H		27 PHYSICIAN'S NAME TOPE OF	M.D.	220 ADDRESS CROW CROWNSVILL	NSVILLE HOSE E. MARYLAND	PITAL CE 21032	NTER	
2:	30 Bl	PRIAN CREMATION, REMOVAL	23b. DATE 23t.	NAME OF CEMETERY OF CREMATORY	BALT	o Gi	7%	110
(1/B1 ()	1	The A Ra	men) Kil	ara Pho	1966年至466年	Sh PRESIDENCE	10 th	ORE

ME MARKET DELLEVILLE SELECTION ASSESSMENT

B	- +	~	FOR			DEPARTMENT	STATE OF A	ARYLAND	IVCIENE			Care	
13	23	1 - STATE REGISTRAR			MI	EDICAL EXA			OF DEATH	REG. NO.	4 2	5	6
		1. DE	CEASED NAME	FIRST		MIDDLE		LAST	2a. DATE 1	(NOWN P M	YAD HING	YEAR	26 HOUR
		(111)	E OR PRINT)	Henry	y G	ordon	Wither	ington,	Jr. OF DEATH	MATED -	0 22	1982	D M
	2(300)	3. SEX	4. RAC	E	S. DA OF BIRTH	YEAR LAST	(IN YEARS IF UN	NDER I Y IF UNDER	24 HRS. 2c DATE	CED MÖ	ONTH DAY	YEAR	2d HOUR
	0.5		ale Whi	ite	July 5	,1925 5	6 YRS.		DEAD	4	· >>	191	M
-	語彙を重視する	FC	RTHPLACE (STATE OR	-		VHAT COUNTRY?		IED NEVER MARR	IED L	ORE CITY OR CO	DUNTY OF	DEATH	
-	N S S S S S S S S S S S S S S S S S S S		Georgia TY OR TOWN OF DEA	ATH		S.A.	WIDOW HOME, OR OTH		12a USUAL OCCUP	ATION (TYPE OF W	VORK 12b. K	IND OF BU	MD.
	PAGE PAGE	91	en Burn	ne	NORIH	BRUND	EL H	ospital	Superv:	(ING LIFE)	Po	or industrations	
	SOUTH TANK		AL RESIDENCE (IF INNU	136. COUNT	Υ	13c CITY OR TO	WN	13d. INSIDE CITY LIMITS?	13e. STREET ADDRES	SS		ervi	ce
	E SERVE		aryland	A.A	. Co.	Glen B	urnie	YES NO X		ramer (Court		
	C SC ST H	14.17	ATHER'S NAME	3004	MIDDLE	LAST	6	15. MOTHER'S MAID	MI	DDLE	D.	LAST	
TYNE	A C C C C C C C C C C C C C C C C C C C	6a. V	Henry VAS DECEASED EVER			heringt		Joseph 17. INFORMANT (nine Sistar)	ADDREP . C		11on	
	AT A SOON SOON SOON SOON SOON SOON SOON SO	(Y	ES, NO, OR UNKNOWN) Yes	W.W	AR OR DATES)	214,28			ude Burge				MD.
	URS AFT URS AFT WITH F WITH PACE DIVISIO	H	18. CAUSE OF DEAT	TH (Enter anly	ane couse per lin			/	age barge	11	ckey	APPROMISE	INTERVAL AND DEATH
	A PROPERTY AND A PARTY OF THE PROPERTY OF THE		PART I DEATH W	AS CAUSED		Tue Sh	the	and be	se of A	kull	- 6	Luce	ten
	IN 24 HO IN TEM I R ALONG SAT PERM HYGIENE MOVAL		7559 Canditions, if		DUE TO	AS A CONSEQUE	NCE OF		0				
	ZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZ	-	gove rise to	immediate	(b)								
- 17	201 W. PRETO JTED WITHIN 24 EXAMINER ALO IAL - TRANSITE MENTAL HYGI ON, OR REMOVE		lying cause last.		DUE 10, 0	R AS A CONSEOUE	NCE OF						
	XECU XECU IG' 1 IG' 1 IG' 1 AND AND ATIO		PART 2 OTHER SIGNIFICAN	IT CONDITIONS CO	ONTRIBUTING TO DEAT	H BUT NOT RELATED TO TO	HE TERMINAL DISEAS	E OR CONDITION GIVEN IN PA	ART 1 (g).				
	RECORDS, LD BE EXEC PENDING" MEDICAL D AS A BUR REALTH AN , CREMATIN	NO											
	SHOULD ORD "PE CHIEF A RE USED A LE USED A UNIAL, OLNIAL, OLNI	CERTIFICATION	19a. DATE OF OPERA	ATION	196 COND	ITION FOR WHICH	OPERATION W	AS PERFORMED?			20	AUTOPSY?	
	OF VITAL ATE SHOU IE WORD THE CHIEF ILD BE USE WENT OF H	E	21a EXTERNAL CAU	CE VALA E	21b. TIME C	DE INCLUDIO	In a					YES 🗌	NO 🗆
	DIVISION OF VITAL RECORDS, 201 THIS CRTIFICATE SHOULD BE EXECUTED E. WRITING THE WORD "PENDING" IN P RWARDED TO THE CHIEF MEDICAL EXA PAGE 3 SHOULD BE USED AS A BURIAL, PAGE 3 SHOULD BE USED AS A BURIAL, STATE DEPARTMENT OF HEALTH AND ME C. 21201 PRIQR TO BURIAL, CREMATION,		UNDERLYING	OR	HOUR A.	M. MONTH DAY	YEAR	OW INJURY OCCURRI	ED TENTER NATURE OF INJ	JRY IN ITEM 18 PART I	PRPART 2)	2	
	DIVISION S CERTIFIC RITING TH RDED TO E S SHOU E DEPART OI PRIOR	MEDICAL	CONTRIBUTING 1		21e PLACE	OF INJURY (AT HO	1981 AL	CHION	war feer	c white	popul	7-1	
	ARITED ANTED ANTE DIVINE	¥	WHILE NOT	WHILE A	STREET, FA	CTORY, FARM, ETC)		SMEET.	CITY OR TOW	m.	AAC	ر. ت	MO
	ME: THE, ORW.		22a I certify that	I took chorge	of the remains d	escribed above, held	on Autop	sy . Inspection	n Inquiry	ond in	my apınian		
	MINING FE F		death resulted from	n Natiro	I couses,	Accident .	Suicide 🔀	, Homicide .	Undetermined mo	nner .	, .		
	EXA DIED DIRE WAR		ACTUAL 6	8	7 4	-,		TITLE (SPECIFY)		_	475		6.1
	SHE SHE		SIGNATURE Q	Jun	DREGI			Deputy	MEDICAL EXAM	INER S	DATE SIGNED_	9. 700	-
	TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2	-	EXAMINER'S NAME (TYPE OR PRINT)	E.	LIVAA	ROT		ADDRESS AP	sil ed en	- 10 b	,		
	DAADAA	23a.B	URIAL, CREMATION, F				OF CEMETERY C		23d LOCATION CITY OR TOWN		COUNTY		ATE
	BP	74 F	Buria UNERAL DIRECTOR		zo June			ans Cem.	Crowns	sville,	A.A		D.
	DHMH - 17 (VR A15 ME (5))		NAME 7	.000	ADDRE		n Burn	ie, J	N 29 1982	Janes	Jan	kuthe	k
	15M 2/80		Singletor	rune	eral Ho	me_MD					_		



	1		STATE OF MARYLAND						
	1	FOR - STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 REG. NO	4257					
		CEASED NAME FIRST	AM L. Wolfe 20 DATE OF DEATH MONTH DI	YEAR 26 HOUR 45					
nector,		M	W 11-26-24 57 YRS	DATS HOURS MIN.					
deoth. P	0 8	IRTHPLACE 1941 ORFOREIGN 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIE							
by the following of the	100	TY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SYCH FACILITY, GIVE STREET ADDRESS) 120 USUAL OCCUPATION (TYPE WORK FOR YOST OF WORKING LIFE)	126 KIND OF BUSINESS OR INDUSTRY					
in 24 hours and the second the se	13a	AL RESIDENCE LIF NURSING HOME OR O	H, WOUNSUILE YES NO DOX 302 Cro	un suille Ra					
ompletel		Palmer "	15. MOTHERS MAIDEN NAME MIDDLE MIDDLE	Baker					
be execu	16a	YES NO RUNKNOWN) (IF Y CHE	VIII 235-34-39/1 RICHARD N. HAMDLETON A	To South St.					
oth certificate ending there are corporated in our entered in our entered in other central the central		1419 IMMEDIATE	One cause per line for (a), (b), and (c) BY: CAUSE (a) CARDIORES PIRATING AREST DUE TO, OR AS A CONSEQUENCE OF (b) MC2957857C CANCER - NEG 10	APPROBATE INTO ALL BETWEEN ONSEL AND DEATH 5 - 1 MINS 2 YRS					
that the de d by the ott ease remov ol, cremation		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQUENCE OF (c) HEAVY SMOTING & ALCOHOUSEM						
equires in signed Then pl r to buri injury, o	NO	PART 2 OTHER SIGNIFICANT CO	ONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE	N IN PART 1101					
The low roon. It permit to green proposes only	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED CARCIN 149 - LEFT TINGUE YES NOTE IN CERTIFY YES	WERE FINDINGS USED ING CAUSES OF DEATH?					
SICIAN: T ng physici certificate ritiol-fronsi ental Hygi frem 18 sh	MEDICAL CE	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	RT 1 OR PART 2)					
offer this os the bulk ond M	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) 216 LOCATION STREET CITY OR TOWN	COUNTY STATE					
ATTENDIII spital or CTOR: A for use of Healt		224.1 certify that (1) (this haspital sow the deceased alive an above, (1) (we) (did (did not))	view the body after death.	ond from the causes stated					
IAL OR Ay the hove the hore that DIRE detoched off Dept.		O righ q.	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	221. DATE SIGNED					
HOSPII Sined b FUNER ould be the St PORTAN		22d PHYSICIAN'S NAME (TYPE OR P	FINNE PAN MD 16 MURERY AVE, ANNO	2,4021401					
P	1//	URIAL, CREMATION REMOVAL SPECIFY) PMALLON	236. DAYE 231. NAME OF CEMETERY OR COGMATORY 1230 LOGISTON GISTERIOWN LOWN LOWN CEMETERY DEPORTED TO THE STORY OF COMMENTAL OF CEMETERY OF CEM	Pa mi					
DHMH - 16 50M 1/81 (VRA 15, 4)		INERAL DIRECTOR	ARESS POLICE MY 1 1 1987 PROBLEM 1 1 1987	A SEIGNATURE					

A Secure Selle S No Dox 502 Cranus alle THE SECOND STREET STREET Est Will I 33 34-3911 Dichard Without Standista of Sungalis the the state of the s becaute in 1888 2 7 the substitution to continue the second of the 182

3. SEX 4. RACE 5. DATE OF BIRTH MONTH DAY YEAR 6. AGE (IN YEARS LAST BIRTHDAY) 16. UNDER 1 YEAR WONTHS DAYS WONTHS PARTIED WIDOWED DIVORCED DIVORCED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCY FACILITY, GIVE STREET ADDRESS) 13. STATE 13. COUNTY 13. COUNTY 13. CITY OR TOWN OF DEATH 13. COUNTY 13. CITY OR TOWN 13. STATE 13. COUNTY 13. STATE 13. COUNTY 13. STATE 13. COUNTY 13. STATE 13. COUNTY 13. STATE 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE 16. MOTHER'S MAIDEN NAME FIRST MIDDLE 17. MOTHER'S MAIDEN NAME 18. MODLE 18. MOTHER'S MAIDEN NAME FIRST MIDDLE ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	1	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGH CERTIFICATE OF DEATH	ENE 8 2 1 4	2 5 8
THE GRIFFIPACE SINETE OF SIGNAL PRODUCTION OF DEATH COUNTRY OF TOWN OF DEATH IT NAME OF HOSPITAL, NURSING HOME OF DIVER INSTITUTION IT IS USUAL RESIDENCE OF DEATH SINES IN U.S. ARMED FORCES? IT A FAIHER S NAME ADDRESS IT A FAIHER S NAME ADDRESS IT A FAIHER S NAME ADDRESS IT CAUSE OF DEATH SINE ONLY OF AUGUST OF WAS OF AUGUST OF AUGUST OF WAS OF AUGUST OF	3. SE	DE OR PRINT) Servery E	drund Wood	6 AGE (INYEARS LAST BYRTHDAY) IF	S2 57 MM
TOTAL RESIDENCE IN MODIFIED AND PROPERTY IN THE PROPERTY OF TOWN TOTAL STATE TOTA	d within 72 th	OUNTRY) OTO OTO OTO OF DEATH OTO OTO OTO OTO OTO OTO OTO OTO OTO OT	MARRIED NEVER MARRIED DIVORCED	PALTIMORE CITY OR COUNTY OF ARCHIVE ARCHIVE 120. USUAL OCCUPATION ITYPE OF WORKFOR MOST OF WORKING LIFE)	MD. 12b. KIND OF BUSINESS OR
The WAS DECEASED EVER IN U.S. ARMED FORCES? Mas SCIAN SECURITY NO. 17 INFORMANT ADDRESS Mas SCIAN SECURITY NO. 18 INFORMANT ADDRESS Mas SCIAN SECURITY NO. 17 INFORMANT ADDRESS Mas SCIAN SECURITY NO. 17 INFORMANT ADDRESS Mas SCIAN SECURITY NO. 17 INFORMANT ADDRESS Mas SCIAN SECURITY NO. 18 INFORMANT	mine mustbe filled in 192 should be filled in 192 shou	ATHER'S NAME	RESIDENCE BEFORE ADMISSION) CITY OR TOWN 13d INSIDE CITY LIMITS? YES NO YES NO NAMED IN AMERICAN DEPORT OF THE PROPERTY OF T	130 STREET ADDRESS BOY	
PART I. DEATH WAS CAUSE BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate couse lol, storing the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I to 198. DATE OF OPERATION 198. DATE OF OPERATION 198. CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 199. 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY INTERNATION OF INSET IN COUNTY STATE 216. INJURY OCCURRED 217. INDURY OCCURRED 218. PLACE OF INJURY (AT HOME, STREET, ACTOR), OFFICE, FARM, ETC.) 219. JOHN OF THE OCCURRED OF INJURY (AT HOME, STREET, ACTOR), OFFICE, FARM, ETC.) 219. JOHN OF THE OCCURRED OF INJURY (AT HOME, STREET, ACTOR), OFFICE, FARM, ETC.) 210. SIGNATURE 220. DAJE SIGNATURE 221. DAJE SIGNATURE 222. DAJE SIGNATURE 223. DAJE SIGNATURE 224. DAJE SIGNATURE 225. DAJE SIGNATURE 226. DAJE SIGNATURE 227. DAJE SIGNATURE 228. DAJE SIGNATURE 228. DAJE SIGNATURE 229. DAJE SIGNATURE 220. DAJE SIGNATURE 221. DAJE SIGNATURE 222. DAJE SIGNATURE 223. DAJE SIGNATURE 224. DAJE SIGNATURE 225. DAJE SIGNATURE 226. DAJE SIGNATURE 227. DAJE SIGNATURE 228. DAJE SIGN	S. Poges 1 o	(YES, NOOR UNKNOWN) (IF YES, GIVE WAR OR DATES)	GASSIN PULLOU FD	ADDRESS	, contt B
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 190. DATE OF OPERATION 190. DATE OF OPERAT	y me anending progresses considering progresses considering progresses the progresses and progre	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO. OR AS Conditions, if any, which gave rise to immediate couse (o), stoting the	Ventruls (A CONSEQUENCE OF (5 Cherri herd) a	tendy anythy lessesse	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN COUNTY STATE AT WORK 22e. I certify that (1) (this hospital) attended the desposed from Saw the deceased alive an abave, (1) (we) (did) (did nat) view the body offer death. DEGREE 22e. DAJE SIGNED	y, or			20a. AUTOPSY? 20b. IF YES, W	VERE FINDINGS USED IG CAUSES OF DEATH?
220 I certify that (I) (this hospital) attended the deseposed from	buriol-tr or Hem 1	OR CONTRIBUTING CAUSE OF DEATH (# EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF LATHORS STEET	MONTH DAY YEAR 19 NJURY 211. LOCATION	D (ENTER NATURE OF INJURY IN ITEM 18. PART	1 OR PART 2)
	ched for use as t Dept. of Health a Hem 21 is mark	270 I certify that (I) (this hospital) attended the dis saw the deceased alive an above, (I) (we) (did) (did nat) view the body of te	r death. DEGREE	eath occurred on the date and haur or	22c. DAJE SIGNED

DHMH-16 30M 2/80 (VRA 15, 4)

BP.

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION

